

Jeevan Jyoti Hospital

M-62, Sector-12, Pratap Vihar, Ghaziabad

Ph. 0120-2987155, 2745155 Mob. 09667 847 754

Third Party Administrator (TPA) Form

Patient Details

Patient Name:	
Age / Gender:	
Contact Number:	
Address:	

Admission Details

UHID No. (if any):	
Date of Admission:	
Department / Doctor:	
Diagnosis:	

Insurance Details

Insurance Company:	
TPA Name:	
Policy No.:	
Employee / Card Holder Name:	
Relationship with Patient:	

Claim Information

Type of Claim:	<input type="checkbox"/> Cashless <input type="checkbox"/> Reimbursement
Estimated Hospitalization Expenses:	<input type="checkbox"/>
Claim Amount Requested:	<input type="checkbox"/>

Declaration

I hereby declare that the above information is true to the best of my knowledge. I authorize Jeevan Jyoti Hospital to share my medical details with the concerned TPA/Insurance company for processing my claim.

Patient / Attendant Signature:	
Date:	