

Protocol guidelines for the Network Hospitals / Nursing Homes recognized under the Yeshasvini Scheme.

Sub: Empanelment of Hospitals / Nursing Homes under Yeshasvini scheme.

We at Medi Assist India TPA Pvt. Ltd. (MAIPL) are pleased to inform you that your Hospital has been recognized as a “**NETWORK HOSPITAL**” under Yeshasvini Co-operative Farmers Health Care Scheme for the period 2011-12. We appreciate your co-operation in helping us to serve the farming community of Karnataka and would like to express our gratitude and request for your continued support in making this scheme a success.

As a protocol we wish to communicate the guidelines framed for participating in this scheme, which are as under:

- a. Yeshasvini Counter:** The NWH shall have Yeshasvini counter, manned by a staff trained in Yeshasvini protocols for guiding the Yeshasvini beneficiaries. The NWH shall supply the Yeshasvini badges to the concerned staff interacting with Yeshasvini beneficiaries. **You shall display the mobile no. of our district coordinator in your District, contact numbers of our call centre** in Yeshasvini counter so as to enable the beneficiary to have interaction in case of any problems.
- b. Yeshasvini Board:** All Yeshasvini NWH shall display a board as “**Yeshasvini**” in Kannada prominently at the reception, with a green background and white letter of eight inches size. Also documents required for availing cashless facility under Yeshasvini scheme are to be displayed.
- c. Notification of the coordinator:** The NWH must display the contact details of the Hospital staff earmarked for handling Yeshasvini scheme at the entrance / reception area. Please furnish the name and contact number of your hospital coordinator.
- d. Photo Album:** All network hospitals are requested to maintain photo album of Yeshasvini patients with a small case history.
- e. OPD and IPD registers:** The NWH shall maintain OPD & IPD registers.
- f. Publicity:** The NWH shall print at least 500 Yeshasvini pamphlets (frequently asked questions) to distribute among the beneficiaries and bring about awareness.
- g. Visitors Book:** The NWH shall maintain visitor book in the Yeshasvini Counter and whenever official from Trust / MAITPL visits the hospital, the NWH is requested to take their signature in the visitor’s book. The visitor book shall contain the details as Name of the Visitor, Date of Visit, Designation and Signature.
- h. Visit of our District coordinator:** For smooth functioning of the Yeshasvini scheme the district coordinators have been appointed in all the districts. District coordinator visits your hospital regularly and you shall show the relevant documents of Yeshasvini Member

whenever it is requested. The district coordinator can interact with admitted beneficiaries under Yeshasvini scheme. You can seek clarifications from district coordinators if any.

- i. **Scheme Period:** The scheme period starts every year from 1st June and ends to 31st May.
- j. **Website:** Please visit scheme website www.yeshasvini.kar.nic.in and may also send in your mails at info@yeshasvini.org or yeshasvini@mediassistindia.com
- k. **Members Covered:** Under Yeshasvini scheme all joint family members of main member of eligible cooperative societies are covered like spouse, children, parents, brothers, sisters and daughter in law etc., provided all members belong to one family and are living together. Further married daughters are also covered under the scheme subject to certain conditions stipulated by the Trust in its enrollment circular.
- l. **Age Limit:** More than 75years old beneficiaries are not covered and further in case main member age is more than 75years old he/she can enroll their family members under Yeshasvini scheme but main member is not eligible to avail the benefit of the scheme. Hence in case beneficiary is more than 75years old please do not send preauth for such beneficiaries. Wherever there is difference in the beneficiary age, you are requested to collect the relevant ID proof such as beneficiary's Voter's ID card or ration card, etc.
- m. **Screening of Yeshasvini patients:** You are requested to screen all patients while getting admitted and confirm being Yeshasvini Scheme beneficiary by incorporating new field in your hospital admission form that **"Yeshasvini scheme beneficiary YES or NO"** so as to avoid confusion.
- n. **Health Camp:** Network hospital shall make arrangements for conducting health camp for beneficiaries residing in and around the area being serviced by the network hospital. It is proposed to have four such camps in a year to focus on the General health and awareness/ health hazard etc prevailing in defined geography. The report of the same has to be submitted to TPA through District Coordinator with the feedback forms collected by the members attending the camp.
- o. **Free OPD:** The beneficiaries are entitled for free out Patient consultations including super specialty consultation. No amount shall be collected as Registration Charges / Consultation Charges / admission charges. The number OPD cases availed benefit should be recorded and informed to our District Coordinators on weekly / Monthly basis.
- p. **Diagnostic Tests at discounted rates:** The beneficiaries are entitled to avail the OPD investigations benefits at discounted rate. You shall collect the charges for OPD investigations as per the fixed/negotiated tariff and not as per your prevailing hospital tariff. And for other than prescribed diagnostic tests you shall collect the charges with extending 25% discount on your prevailing hospital tariff. Incase of any changes in the discount rates, it has to be preauthorized by the Trust.
- q. **Benefits Extended:** The Yeshasvini beneficiary is entitled to avail the benefit for following ailments on cashless basis:
 - 1600 surgical cashless procedures

- Coverage for stabilization of medical emergencies for two days for an amount of Rs. 1500/- (i.e., Rs. 750/- per day) introduced during the period 2006-07. Following medical emergency conditions may be considered under this benefit:
 - 1) Snake Bite, 2) Drowning, 3) Dog bite, 4) Electric Shock, 5) Injuries caused while operating Agricultural Equipment, 6) Bull gore injury.
- Neonatal Services: Neonatal Services extended for 5 days permissible @ Rs. 500/- per day in case of Premature Baby, New born baby with Asphexia, Low birth weight and etc. Above services is limited to NICU care only and it can be availed within 7days from the date of birth. **No surgeries for the new born are covered under this scheme.**

(In case your hospital rates are less than the rates that are mentioned in the Yeshasvini rate list, we request you to mention your hospital rates in the preauthorization form).

- r. **Package Rates:** Package rates have been fixed for all the surgeries under the scheme. This includes all the charges like Admission Charges/registration charges, Bed Charges, Nursing Charges, Operation Theatre Charges, Procedure Charges, ICU/CCU Charges, Anesthesia Charges, Instrument Charges, Cost of Consumables and Medicines, Professional fees of the Surgeon and related routine investigations during the hospitalization. Please raise the bill as per the agreed tariff and you shall not collect any money towards above-mentioned items under any circumstances from the beneficiaries.

Note:

1) On no account shall any amount be collected from the individual beneficiaries for covered treatment. The Network Hospitals/Nursing Homes shall provide necessary medicines, consumables and disposable sundries of standard quality and will not get them purchased through the Yeshasvini Beneficiaries.

2) Post hospitalization charges (after the discharge of the patient) are not covered under the scheme hence expenses towards Diagnostics and Medicines incurred by the individual Beneficiary after the discharge of the patient from the Hospital/Nursing Home shall not form a part of this package and all such expenses will have to be borne by the Beneficiary.

- s. **Exclusions:** The package rates mentioned **are all exclusive of the implants and the prosthesis.** The Implants / Prosthesis used during the hospitalisation shall have to be borne by the beneficiary at the time of discharge and hence the same should not be included in the claim submitted to MAITPL under Yeshasvini scheme. In case implant / prosthesis are used for the patient then you can raise the bill as per the format given. The bill shall be prepared as per the format and amount collected by the beneficiary shall be mentioned in the final bill to ensure that any amount over and above the implant charge is not being collected from the beneficiaries. Hence for all cases in which implants and prosthesis are used you are requested to do the billing according to the format only, signature of the patient is mandatory to settle the bill.

Note 1: In case of cataract surgery, the package rate is inclusive of lens charges. Therefore you are requested not to collect lens charges from the patient.

Note 2: (a) The list of exclusion, (b) bill format to be used in case of implant/prosthesis used patient and (c) bill format for amount collected by the beneficiary is furnished separately.

- t. **Ward Eligibility:** All beneficiaries under Yeshasvini Scheme are entitled only for **General Ward Admission**. However, if the Beneficiary opts for admission to a ward higher than the entitlement, then the difference charges shall be collected from the Beneficiaries. In case beneficiary opts for higher ward, you are requested to prepare the bill as per the format, it is mandatory to obtain the signature of the beneficiary on the final bill.

Note: Bill format in case of patients opted for higher ward is furnished separately.

- u. **E-Preauthorization:** You are requested to obtain E-preauth for all cashless admissions so as to enable us to know the Trust liability towards network hospitals. Hence it is mandatory to obtain E-preauthorisations. All data entered in the E-preauth request such as UHID no., patient name, age, gender, presenting complaints, diagnosis, etc., should match with the attached supporting documents. Further approved preauthorisations are valid for only one month from the probable date of admission hence please return the preauthorisations in case you have not utilized on time. All approved preauthorization's for which claims are not submitted within 90 days from the date of discharge will be considered as null and void.

You shall send Preauthorization through internet and you may use the below mentioned login ID and Password for accessing E-preauthorisation.

Login ID:

Password:

You can also change the password by clicking on change password button.

Note: The user id & password provided to NWH for the E-preauth platform is unique & confidential, hence TPA is not responsible for any misuse thereafter.

Note:

- While scanning essential documents to attach to E-preauth, please do not forget to save the files with naming particular documents so as to ensure fast service like, in case you have scanned ID card please save the file by naming as ID card. In case the file is not saved with particular name it becomes difficult for us to which attachment has got which document and further to verify the particular document we have to browse through all the attachments from which more time will be consumed and it could end with delay in service. Hence in case scanned documents attached to E-preauths are not saved with proper names such preauthorization will be summarily rejected.
- While scanning the essential documents please select low resolution and small size without fail.
- Please take care of the typing mistakes while filling up the E-preauths as it will be difficult to judge the surgery for which you are requesting. Hence please take care of typing mistakes.

- Kindly fill up all the fields properly with right information. All supportive documents should be scanned in original and sent. Photocopies are not entertained.
- Duly filled and signed First Admission Report/ Initial Intimation report and PA request form has to be enclosed at the time of preauth request.

v. Procedure for extending treatment:

- It is the duty of the network hospitals to identify the beneficiaries, hence please identify the beneficiaries properly and obtain preauthorization for every cashless admission before discharge of the patient. In case of any discrepancies the network hospital shall be held responsible for such cases. In this connection please follow below mentioned guidelines.
- **ID card and Receipt:** From 6th year i.e., 2008-09 period, for scheme beneficiaries instead of issuing individual ID cards family ID cards cum Receipts with unique ID no.s', have been issued. Such ID cards acts as receipts also. All beneficiaries enrolled under Yeshasvini scheme are carrying family ID cards. This year also same kinds of ID cards have been issued. The receipts have to be provided on demand, wherever found necessary.

Identification of the beneficiary:

- **In case of fresh member enrolled for the current period i.e. 2011-12:** The beneficiary who wants to avail the benefit of the scheme presents Yeshasvini Identity Card cum Receipt at the Yeshasvini Counter of your hospital. You shall insist for original ID card and do not entertain photocopy of ID Card. Further till beneficiaries' photo images are hosted on the website, you are requested to obtain duly filled up self declaration form from the beneficiaries and please guide patients to obtain self declaration form from concerned secretary of cooperative society. The self declaration form has been obtained to identify the beneficiaries. Hence you are requested to identify the beneficiaries based on self declaration form produced. Hence for all fresh members Self Declaration form is essential till the beneficiaries' data is hosted on the website. Once the beneficiaries' data is hosted on the website self declaration form is not required.

NOTE: The specimen copy of the **self declaration** form is furnished separately.

- **In case of renewed member:** The beneficiary furnishes the original copy of ID card along with the receipts for being paid the contribution to the Yeshasvini scheme for the current period 2011-12. Please verify whether contribution paid is correct or not. Further identify the beneficiary by visiting the website named www.yeshasvini.kar.nic.in. Regarding the procedure about identifying the beneficiaries by visiting the website you have already been trained. However for further information you can contact local coordinator or to the undersigned. In this case self declaration form is not necessary as already member data with photo images has been hosted on the website. Hence please identify the beneficiaries by visiting above mentioned website.

- **In case new members are added to the renewed family ID card:** In such cases network hospitals need to obtain self declaration form – 1 for the particular member who has been added freshly in to the Yeshasvini scheme ID card. Hence obtain self declaration form and identify accordingly.

- **ID card verification points:** Make sure that ID card is **not** manipulated. In case it is manipulated like erasing the beneficiary names and contribution manipulation etc., please request the patient to furnish the letter from secretary of the concerned cooperative Society as well as from DRCS for being manipulated on genuine grounds otherwise do not forward such E-preauths. You shall verify the DRCS and Society letter and in case the ID card is manipulated on genuine grounds then send E-preauth attaching ID card and attach the letter received from DRCS and Society Secretary and **make sure to enclose** DRCS and coop secretary letters along with the claim otherwise claim will be rejected and such preauth will be invalid. Please do not give the chance for objection on the internet so as to ensure fast service.

- After identification of the beneficiary, the NWH coordinator explains about the facility extended under the scheme and about their eligibility limits and the standard exclusions as applicable under the scheme.

- After verifying the relevant documents produced by the beneficiary to ascertain the authenticity of the identity, the NWH shall extend free out patient consultation i.e., it may be Super specialty, General Specialty and consulting doctor consultation and further diagnostic tests if necessary at concessional rates as fixed under scheme.
 - *If Consultant does not recommend any OPD investigation and advises only medical line of treatment on OPD basis, such treatment cost shall be borne by the beneficiary only.*

 - *If the Consultant recommends OPD Investigation: The beneficiary undergoes investigations at special discounted Yeshasvini rates on OPD basis. The NWH shall collect the charges from beneficiary as per the fixed tariff for investigations and in case the particular investigation is not listed under Yeshasvini scheme, the NWH shall extend 25% discount on hospital tariff.*

 - *If the Consultant advises the beneficiary for in-patient hospitalization for Medical line of treatment, the beneficiary shall bear the cost of such treatment as medical line of treatment is not covered under Yeshasvini scheme. **The Yeshasvini Scheme is essentially a surgicare scheme and does not cover medical line of treatment.***

 - If the Consultant advises for a Surgery for the ailment covered under the scheme the same to be operated under **YESHASVINI SCHEME** and you shall strictly follow the guidelines about procedure for extending cashless treatment.

 - To extend cashless facility to the scheme beneficiaries Preauthorisation is must and in case bills are raised without obtaining preauthorizations such bills will be rejected summarily. The NWH shall also be held responsible for such treatment cost wherein it has not taken any action to obtain preauthorization even though the beneficiary has revealed about being beneficiary of Yeshasvini scheme.

- The Co-coordinator at the NWH shall send the Pre-authorization form / First Admission Report (FAR) to the MAITPL using E-preauth method through internet for authorization along with photocopy of the Yeshasvini I.D Card and relevant documents as it is mentioned in this protocol.
- After detail scrutiny of the documents (Medical & Technical), MAITPL shall send the preauthorization to the network hospital.
- After receipt of the preauthorization, the NWH shall extend cashless treatment under Yeshasvini scheme.
- The beneficiary gets discharged from the network hospital without paying any amount towards the treatment covered under the scheme to the network hospital. The Beneficiary signs on the final bill before getting discharged from the hospital.
- The NWH in turn shall raise the claim in favor of implementing agency in the prescribed format issued under this scheme.
- After detailed scrutiny of the bills, MAIPL shall place the bills before the Yeshasvini Trust & gets the clearance.
- The Yeshasvini Trust releases the payment through MAIPL.

Note:

1) In case of emergency, the NWH shall take undertaking letter from the beneficiary that incase he/she is not covered under Yeshasvini scheme the cost of the surgery will be met by the beneficiary only. Soon after receipt of undertaking letter from the beneficiary the network hospital can proceed with the surgical treatment. The preauthorization for the same shall be sent to MAIPL with an immediate effect & shall obtain the preauthorization before the discharge of the patient.

2) Incase preauthorization is not obtained or obtained after the discharge of the patient from the network hospital, implementing agency will not be responsible for such payment.

3) The approved preauthorization is valid for one month from the date of issuance & invalid preauthorization shall be sent to implementing agency with an immediate effect.

w. Essential documents required for obtaining preauthorization using E-preauth method:

1) ID Card and Receipt:

- While filling up the E-preauth in the **Member receipt No. field** as well as in the **Member ID no. field** please **mention the ID no.** in both the fields since ID card acts as receipt also.
- While scanning the ID card **save the file by giving appropriate name of particular document for ex: in case you have scanned the ID card save the file as ID card**

and in case it is not saved with giving appropriate name as ID card such preauth will not be attended and further request you to save the file with lowest resolution and small size.

- Please do not attach the receipt issued from cooperative society please attach the copy of ID card cum receipt issued by Yeshasvini Trust only.

2) Self Declaration Form -1:

- It is the duty of the network hospital to identify the beneficiaries from the documents furnished by the beneficiary. The required documents for identification of the beneficiaries are ID card and Self declaration form till the Trust hosts the data with images on the website. Hence as ID card does not carry the image of the beneficiaries the self declaration form has been introduced. Please verify whether the details mentioned in the self declaration form and ID card matches or not. In case it is not matching please reject the same and do not send the preauth of such patient.
- **Attach** the self declaration form with E-preauth and **ensure to enclose** the original self declaration form along with **claim**.
- Self declaration form shall be affixed with seal and signature by your hospital authority where it is mentioned as “identified by”.
- Make sure that self declaration form shall carry the relation of patient with main member.

3) Required investigation reports for professional scrutiny:

- **Endocrinology:** For all thyroid cases please attach thyroid function test report to E-preauth to justify the diagnosis. You shall enclose histopathology report as well as thyroid function test report along with the claim.
- **Urology cases:** For all Urology cases please attach ultrasound report to E-preauth to justify the diagnosis. In case stent is used please enclose the invoice for the stent to process the claim under Yeshasvini scheme without which claim will not be settled.
- **Onco Specialty Surgeries:** In case of onco surgeries please justify the diagnosis with histopathology report and as it is mentioned above please save attachment with name of the investigation report and forward the E-Preauth.
- **OBG Specialty:**

Sl. No.	Surgery Name	Required documents
1	LSCS / NVD	Ultrasound report and clinical note to justify the diagnosis. Please attach these reports along with the claim. Reports are essential to settle the claim. Attested copy of the Birth register containing the name of the Mother / Father of the newborn has to be attached with the individual claim.
2	Hysterectomy	Please make sure to attach pap smear report in all conditions except

		<p>prolapsed uterus along with E-preauth and further enclose following reports along with claim otherwise claim will be rejected:</p> <p>a) Pap smear report and ultrasound scan reports for all conditions except prolapsed uterus.</p> <p>b) Histopathology reports for all cases</p> <p>c) For DUB cases HB report is essential.</p>
<p>Apart from above cases the diagnosis of rest all cases shall be justified by relevant investigation reports.</p>		

- Orthopedic Cases:** Please note that **RTA cases are not covered under the scheme.** For all cases basic investigations reports like X-ray shall be attached with E-preauth and also enclose the same along with the claim. You shall enclose **Non MLC** certificate along with the claim since **RTA cases are not covered** under scheme. Attach Non MLC certificate along with E-preauth and you shall enclose the same along with the claim to ensure fast service. For all orthopedic cases please make sure to enclose check x-ray report along with the claim.

Wherever implant is used please furnish the invoice for the same along with the claim and also enclose the acknowledgement certificate obtained from beneficiary for being received the amount towards implant only without which claim will not be settled and it will be rejected.

- Cardiac Cases:**

Sl.No.	Surgery Name	Required documents
1	CABG / PTCA	Angiogram report is must. Please attach the same with E-preauth and give the name to attachment.
2	CAG	EKG and ECHO is must to process the claim hence enclose the same along with claim. Further even though preauth is approved in case the diagnosis is not justified with the investigations reports such preauth will be invalid and claim will be rejected.
3	OHS	For all open heart surgeries please attach ECHO report and in case Angiogram is done please attach the same also. Please enclose the same along with the claim

Wherever implants and stents are used please enclose the invoices along with the claim without which claim will not be settled and also attach acknowledgement certificate for being received the amount from the beneficiary towards implants only, otherwise the claim will not be settled.

- Gasto Specialty:** In case of onco surgeries please justify the diagnosis with histopathology report and as it is mentioned above please save attachment with name of the investigation report and forward the E-Preauth. In case of any excisions please furnish histopathology report at the time of submission of claim.
- Important General Guidelines:** Other than above mentioned specialties, in case of rest all specialties please justify the diagnosis with investigation reports and wherever it is diagnosed clinically please enclose clinical report along with the claim and obtain verification done by district coordinator before discharge of the patients.

Please furnish invoice for implants used cases. Attach only those files as it is requested above and do not attach non essential documents.

While scanning the documents please save the document by giving appropriate name of the particular document for ex: while scanning X-Ray report save it with giving name as X-Ray report and save the document by selecting lowest resolution and small size option.

- x. **Hospitalization Period:** There is no specific length of stay prescribed for the surgical procedure under this scheme.
- y. **Claims Submission:** All claims must be sent within **ten days** from the date of discharge of the Beneficiary from the hospital. Where ever Credit bills are not available you may raise the bill under the letter head of your hospital as 'credit bill' with bill No. and IP No. The claims must be accompanied by check list ensuring presence of the following documents:-
 1. Attested Photocopy of the Yeshasvini I.D. Card.
 2. Original self declaration form -1.
 3. Credit Final bill – raised in favor of “Yeshasvini Trust with beneficiary name”. The same amount should be claimed in the final bill provided as Aneexure-5.
 4. Original claim form duly signed by beneficiary
 5. Original discharge summary.
 6. Original Operation Notes.
 7. In case of Angioplasty procedure, please enclose Angiogram CD
 8. All Laboratory/Investigation reports that are attached to E-preauth to justify the diagnosis.
 9. Incase of enhancement taken in preauth, both initial & enhancement authorization letters have to be attached as part of the claim.
 10. All preauthorization approval letters have to be duly signed by our District Coordinator prior to claim submission.
 11. All documents submitted at the time of preauthorization should be part of claim submitted.

Note:

- 1) Claims sent later than the stipulated date i.e., between 30-60 days from the date of discharge shall be settled with a disallowance of 10% of the total billed amount.
- 2) Claims sent later than the stipulated date i.e., between 60-90 days from the date of discharge shall be settled with a disallowance of 30% of the total billed amount.
- 3) The bills submitted after 90 days from the date of discharge shall not be considered for payment.

4) In case of settlement of the bills pertaining to Angioplasty procedure you are requested to submit Angiogram CD along with the claim, bills sent without Angiogram CD will not be settled under Yeshasvini scheme.

5) In case you are failed to justify the diagnosis at the time of claims settlement even though preauth is approved such claims shall be rejected.

6) Claim formats are furnished separately.

z. The Network Hospital will be reimbursed from the Yeshasvini Co-operative Farmers Health Care Trust (a Trust formed by the Dept., of Co-operation, Govt., of Karnataka) as per the standardized and Pre-defined Package Rates. **All bills have to be raised in the name of “Yeshasvini Trust with beneficiary name”.**

aa. If a beneficiary avails inpatient medical treatment at the NWH, which is not covered under the scheme, it is the responsibility of the NWH to collect the charges for the medical treatment. No money will be reimbursed to the NWH for inpatient medical line of treatment.

bb. This arrangement shall be in force till the termination of this arrangement by the Trust / MAIPL or the hospital with a prior notice of 30 days. However MAIPL / Trust reserve the right to terminate this arrangement without any prior intimation.

Non-compliance to the Yeshasvini Guide lines shall result in forfeiture of the recognition as Yeshasvini Network Hospital.

Any legal liability arising out of services rendered shall be the sole responsibility of the Network Hospital.

For further clarifications please contact us at

Call Centre number: 080-26783111 / 26784111

Fax number: 080-26782622

Thanking you,

Yours sincerely,

for Medi Assist India TPA Pvt. Ltd.,

Sd/-

MANAGER

Encl.:-

- 1: Diagnostic rate list
- 2: Billing format in case of Implant / Prosthesis used
- 3: Billing format in case of patient opt for higher ward
- 4: Specimen copy of Self-Declaration form-1
- 5: Specimen copy of Self-Declaration form-2
- 6: Regular final bill format
- 7: Claim form format

Sl.No:1

YESHASVINI COOPERATIVE FARMERS HEALTH CARE SCHEME	
DIAGNOSTIC RATE LIST	
INVESTIGATION	RATES
1. Blood Sugar	20
2. Blood Urea	30
3. Creatinine	30
4. LFT	200
a.SGOT	40
b. SGPT	40
c.Total Bilirubin	20
d.Direct	20
e.Total Protein	20
f.Albumin	20
5. Lipid Profile	130
a.Cholesterol	30
b.Trygliceride	60
c.HDL	45
6. CPK	80
7. CKMB	110
8. CBC	60
9. ESR	15
10. Urine routine	20
11.HIV (Elisa)	60
Rapid screening	80
12.Blood Grouping	25
13.MRI	2700
14.C.T.Scan	900
15.Ultrasound	150
16.Echo	150
17.ECG	45
18.TMT	270

Billing format in case of Implant / Prosthesis used

Sl.No:2

Medi Assist
YESHASVINI CO-OPERATIVE FARMERS HEALTH SCHEME

FINAL BILL

(In Case Implant/Prosthesis is Used)

BILL No : _____ I.P.No: _____ Pre-auth No : _____

Patient Name : _____

Co-op. Society: _____ Village: _____ Taluk: _____

District: _____ U.H.L.D No / Receipt no: _____ Age: _____

Surgery Name : _____

Surgery amount sanctioned under Yashasvini scheme: Rs. _____

Implant details:

S.No	Name of the implant	Amount
1.		
2.		
3.		
4.		
5.		
6.		
Total Implant Cost which is not covered under Scheme:		

1) Signature of head of the hospital with seal

2) Signature of the treating doctor with seal

ಯಶಸ್ವಿನಿ ಯೋಜನೆಯನ್ನು ನಾನು ಚೆನ್ನಾಗಿ ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ ಹಾಗೂ ಯಶಸ್ವಿನಿ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಇಂಪ್ಲಾಂಟ್ಸ್ ವೆಚ್ಚಗಳು ಒಳಗೊಂಡಿರುವುದಿಲ್ಲವೆಂದು ನಾನು ತಿಳಿದಿರುತ್ತೇನೆ. ಆದ್ದರಿಂದ ಮೇಲಿನ ಪಟ್ಟಿಯಲ್ಲಿ ಆಸ್ಪತ್ರೆಯವರು ನಮೂದಿಸಿದ ಪ್ರಕಾರ ಒಟ್ಟು ಇಂಪ್ಲಾಂಟ್ಸ್‌ಗೆ ತಗುಲಿದ ವೆಚ್ಚ ರೂ. _____ ಗಳನ್ನು ನಾನು ಆಸ್ಪತ್ರೆಗೆ ಭರಿಸುತ್ತಿದ್ದೇನೆ.

ಫಲಾನುಭವಿಯ ಸಹಿ ಮತ್ತು ವಿಳಾಸ



Medi Assist

Annexure -7

MEDI ASSIST INDIA TPA PVT LTD

YESHASVINI CO-OPERATIVE FARMERS HEALTH SCHEME

FINAL BILL

(In Case patient opts higher ward)

BILL No : _____ I.P No: _____ Pre-Auth No : _____

Patient Name _____

Co-op.Society : _____ Village : _____ Taluk : _____

District : _____ U.H.L.D No/Receipt no : _____ Age : _____

1) Surgery _____

2) Surgery amount sanctioned under Yashasvini scheme Rs : _____

3) Hospital bill amount according to general Ward Rs : _____

4) Hospital Bill amount according to opted higher ward Rs : _____

5) Difference amount (_____) Rs : _____

1) Signature of head of the hospital with seal

2) Signature of the treating doctor with seal

3) Name & Signature of District Co-ordinator

ಯಶಸ್ವಿನಿ ಯೋಜನೆಯನ್ನು ನಾನು ಚೆನ್ನಾಗಿ ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ ಹಾಗೂ ಯಶಸ್ವಿನಿ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಫಲಾನುಭವಿಯು ಸಾಮಾನ್ಯ ಕೊಠಡಿಗೆ ಮಾತ್ರ ಅರ್ಹರಾಗಿರುತ್ತಾರೆ ಎಂಬ ವಿಷಯವನ್ನು ನಾನು ಅರಿತುಕೊಂಡಿದ್ದೇನೆ. ಆದರೆ ನಾನು ಪ್ರತ್ಯೇಕ ಕೊಠಡಿಯಲ್ಲಿ ಸ್ವ-ಇಚ್ಛೆಯಿಂದ ದಾಖಲು ಆಗಿರುವುದರಿಂದ ಸಾಮಾನ್ಯ ಕೊಠಡಿ ಮತ್ತು ಪ್ರತ್ಯೇಕ ಕೊಠಡಿ ಇರುವ ವ್ಯತ್ಯಾಸವೆಚ್ಚ ರೂ. _____ ಗಳನ್ನು ನಾನು ಆಸ್ಪತ್ರೆಗೆ ಭರಿಸುತ್ತಿದ್ದೇನೆ.

ಫಲಾನುಭವಿಯ ಸಹಿ ಮತ್ತು ವಿಳಾಸ

Sl.No:4

ಸ್ವಪೋಷಣೆ (ಸೆಲ್ಫ್ ಡಿಕ್ಲರೇಷನ್)-1

(ಪ್ರಧಾನ ಅರ್ಜಿದಾರರು ಮತ್ತು ಅವರ ಕುಟುಂಬ ಸದಸ್ಯರ ಮಾಹಿತಿಯನ್ನು ಯಶಸ್ವಿನಿ ವೆಬ್‌ಸೈಟ್‌ನಲ್ಲಿ ಅಳವಡಿಸುವವರೆಗೆ ನೀಡಬೇಕಾದ ದೃಢೀಕರಣ)

ಈ ಕೆಳಗೆ ಸಹಿ ಮಾಡಿದ ನಾನು _____ ತಂದೆ/ಗಂಡನ ಹೆಸರು _____
_____ವಯಸ್ಸು _____, ಸ.ಸಂಘದ ಹೆಸರು _____ ದಲ್ಲಿ ಸದಸ್ಯನಾಗಿದ್ದು ಯಶಸ್ವಿನಿ ಗುರುತಿನ ಚೀಟಿ ಸಂಖ್ಯೆ (UHID No): _____ ಹೊಂದಿರುತ್ತೇನೆ. ನನ್ನ ಗುರುತಿನ ಚೀಟಿಯಲ್ಲಿ ನಮೂದಿಸಿದ ಮಾಹಿತಿಗಳನ್ನು ಯಶಸ್ವಿನಿ ವೆಬ್‌ಸೈಟ್‌ನಲ್ಲಿ ಅಳವಡಿಸುವುದು/ನವೀಕರಿಸುವುದು ಬಾಕಿ ಇರುತ್ತದೆ. ಅದನ್ನು ಅಳವಡಿಸುವ ಪೂರ್ವದಲ್ಲಿ ನನಗೆ/ನನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರಾದ ಶ್ರೀ/ಶ್ರೀಮತಿ _____ (ಸಂಬಂಧ _____) ಇವರಿಗೆ ಚಿಕಿತ್ಸೆ ಅವಶ್ಯವಿದ್ದು, ಯಶಸ್ವಿನಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಒದಗಿಸಬೇಕೆಂದು ಈ ಮೂಲಕ ಕೋರುತ್ತಾ ಅವರ ಭಾವಚಿತ್ರವನ್ನು ಅರ್ಜಿಗೆ ಅಂಟಿಸಿ ದೃಢೀಕರಿಸುತ್ತೇನೆ. ನನ್ನ ಕುಟುಂಬದ ಎಲ್ಲಾ ಅರ್ಹ ಸದಸ್ಯರನ್ನು ಯಶಸ್ವಿನಿ ಫಲಾನುಭವಿಯಾಗಿ ನೋಂದಾಯಿಸಲಾಗಿದೆ ಹಾಗೂ ವಂತಿಗೆ ಹಣ ಒಟ್ಟು ರೂ. _____ ಗಳನ್ನು ಸಂಘಕ್ಕೆ ದಿನಾಂಕ: _____ ರಂದು ರಸೀದಿ ಸಂಖ್ಯೆ: _____ ರಲ್ಲಿ ಪಾವತಿ ಮಾಡಿರುತ್ತೇನೆ. ನಾನು ಒದಗಿಸಿದ ಮಾಹಿತಿ ಒಂದು ವೇಳೆ ತಪ್ಪಾಗಿದ್ದಲ್ಲಿ ಮತ್ತು ಯಶಸ್ವಿನಿ ಸೌಲಭ್ಯ ಪಡೆಯಲು ನಾನು ಅನರ್ಹನಾಗಿದ್ದಲ್ಲಿ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟಿನಿಂದ ಪಡೆದ ಸೌಲಭ್ಯದ ವೆಚ್ಚವನ್ನು ನಾನು ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟಿಗೆ ಪಾವತಿ ಮಾಡಲು ಬದ್ಧನಾಗಿರುತ್ತೇನೆ ಮತ್ತು ಸುಳ್ಳು ಮಾಹಿತಿ ನೀಡಿ ಯಶಸ್ವಿನಿ ಸೌಲಭ್ಯ ಪಡೆದಿದ್ದಲ್ಲಿ ಕಾನೂನು ಕ್ರಮಕ್ಕೆ ಬದ್ಧನಾಗಿರುತ್ತೇನೆ. (ಹಣ ಪಾವತಿ ರಸೀದಿ ಪ್ರತಿ ಹಾಗೂ ಗುರುತಿನ ಚೀಟಿಯ ನಕಲು ಪ್ರತಿಯನ್ನು ಈ ನಮೂನೆಗೆ ಲಗತ್ತಿಸುವುದು.)

ಸ್ಥಳ ಮತ್ತು ದಿನಾಂಕ: **ಪ್ರಧಾನ ಅರ್ಜಿದಾರರ ಸಹಿ**
ರೋಗಿಯನ್ನು ಗುರುತಿಸಿದ ನೆಟ್‌ವರ್ಕ್ ಆಸ್ಪತ್ರೆ
ಅಧಿಕಾರಿ ಹೆಸರು, ಸಹಿ ಮತ್ತು ಆಸ್ಪತ್ರೆಯ ಮುದ್ರೆ

**ಭಾವಚಿತ್ರ ಅಂಟಿಸಿ
ರೋಗಿಯ ಸಹಿ
ಪಡೆಯಿರಿ.**

ಸಂಘ/ ಸಂಸ್ಥೆಯ ಕಾರ್ಯದರ್ಶಿ/ ವ್ಯವಸ್ಥಾಪಕರಿಂದ ದೃಢೀಕರಣ

ನಾನು _____ ಸಂಘದ ಕಾರ್ಯದರ್ಶಿ/
ವ್ಯವಸ್ಥಾಪಕರಾಗಿದ್ದು, ಮೇಲೆ ನಮೂದಿಸಿದ ವ್ಯಕ್ತಿಯು ನಮ್ಮ ಸಂಘದ ಸದಸ್ಯರಾಗಿದ್ದು, ಅವರ ಕುಟುಂಬದ ವಿವರಗಳ ಬಗ್ಗೆ, ವಂತಿಗೆ ಪಾವತಿ ಬಗ್ಗೆ ಹಾಗೂ ವಯಕ್ತಿಕ ವಿವರಗಳ ಬಗ್ಗೆ ನೀಡಿರುವ ಮಾಹಿತಿಯು ಸತ್ಯವಾಗಿದೆ ಎಂದು ಹಾಗೂ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಸೌಲಭ್ಯ ಪಡೆಯಲು ಅವರು ಅರ್ಹತೆಯನ್ನು ಪಡೆದಿರುತ್ತಾರೆಂದು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ. ಒಂದು ವೇಳೆ ಮೇಲೆ ನಮೂದಿಸಿದ ಸದಸ್ಯರ ಮಾಹಿತಿಯು ತಪ್ಪಾಗಿದ್ದಲ್ಲಿ ಹಾಗೂ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ನಿಯಮಗಳಿಗೆ ವಿರುದ್ಧವಾಗಿ ಸೌಲಭ್ಯವನ್ನು ಪಡೆಯುವಲ್ಲಿ ನಾನು ಅವಕಾಶ ಕಲ್ಪಿಸಿದ್ದರೆ ಅದಕ್ಕೆ ನಾನೂ ಕೂಡ ಜವಾಬ್ದಾರನಾಗಿರುತ್ತೇನೆ ಎಂದು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ.

ಸ್ಥಳ ಮತ್ತು ದಿನಾಂಕ: **ಸಂಘ/ಸಂಸ್ಥೆಯ ಮುದ್ರೆ** **ಕಾರ್ಯದರ್ಶಿ/ವ್ಯವಸ್ಥಾಪಕರ ಸಹಿ ಮತ್ತು ಮುದ್ರೆ**

ಸ್ವಘೋಷಣೆ(ಸೆಲ್ಫ್ ಡಿಕ್ಲರೇಷನ್)-2

(ಪ್ರಧಾನ ಅರ್ಜಿದಾರರು ನಾಲ್ಕಕ್ಕಿಂತ ಕಡಿಮೆ ಕುಟುಂಬ ಸದಸ್ಯರನ್ನು ಯಶಸ್ವಿನಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ನೋಂದಾಯಿಸಿದ್ದರೆ ನೀಡಬೇಕಾದ ದೃಢೀಕರಣ)

ಈ ಕೆಳಗೆ ಸಹಿ ಮಾಡಿದ ನಾನು _____ ತಂದೆ/ಗಂಡನ ಹೆಸರು _____

ವಯಸ್ಸು _____, ಸ.ಸಂಘದ ಹೆಸರು _____ದಲ್ಲಿ ಸದಸ್ಯನಾಗಿದ್ದು, ಯಶಸ್ವಿನಿ ಗುರುತಿನ ಚೀಟಿ ಸಂಖ್ಯೆ (೧೮೦೯೮೮ ಓ೮):

_____ ಹೊಂದಿರುತ್ತೇನೆ. ನನ್ನ ಕುಟುಂಬದಲ್ಲಿ ವಾಸವಾಗಿರುವ ಅರ್ಹರಾದ ಒಟ್ಟು _____ ಸದಸ್ಯರನ್ನು ಮಾತ್ರ ಯೋಜನೆಯ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ 2010-11 ನೇ ಸಾಲಿಗೆ ಒಟ್ಟು ರೂ. _____ ವಂತಿಗೆ ಹಣವನ್ನು ನೀಡಿ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಫಲಾನುಭವಿಗಳಾಗಿ ನೋಂದಾಯಿಸಿಕೊಂಡಿರುತ್ತೇನೆ. ಕಾರಣಾಂತರಗಳಿಂದ ನಿಗದಿತ ಮಿತಿಗಿಂತ ಕಡಿಮೆ ಕುಟುಂಬ ಸದಸ್ಯರನ್ನು ನೋಂದಾಯಿಸಿ/ನವೀಕರಿಸಿರುತ್ತೇನೆ. ಮುಂದಿನ ವರ್ಷದಿಂದ ಕುಟುಂಬದ ಎಲ್ಲಾ ಅರ್ಹ ಸದಸ್ಯರನ್ನು ಯೋಜನೆಯಡಿಯಲ್ಲಿ ನೋಂದಾಯಿಸಲು ಹಾಗೂ ಅವರ ವಂತಿಗೆ ನೀಡಲು ಬದ್ಧನಾಗಿರುತ್ತೇನೆ ಎಂದು ಈ ಮೂಲಕ ಮುಚ್ಚಳಿಕೆ ಬರೆದುಕೊಟ್ಟಿರುತ್ತೇನೆ ಹಾಗೂ ದೃಢೀಕರಿಸುತ್ತೇನೆ. ನಾನು ಒದಗಿಸಿದ ಮಾಹಿತಿ ಒಂದು ವೇಳೆ ತಪ್ಪಾಗಿದ್ದಲ್ಲಿ ಮತ್ತು ಯಶಸ್ವಿನಿ ಸೌಲಭ್ಯ ಪಡೆಯಲು ನಾನು ಅನರ್ಹನಾಗಿದ್ದಲ್ಲಿ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟಿನಿಂದ ಪಡೆದ ಸೌಲಭ್ಯದ ವೆಚ್ಚವನ್ನು ನಾನು ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟಿಗೆ ಪಾವತಿ ಮಾಡಲು ಬದ್ಧನಾಗಿರುತ್ತೇನೆ ಮತ್ತು ಸುಳ್ಳು ಮಾಹಿತಿ ನೀಡಿ ಯಶಸ್ವಿನಿ ಸೌಲಭ್ಯ ಪಡೆದಿದ್ದಲ್ಲಿ ಕಾನೂನು ಕ್ರಮಕ್ಕೆ ಬದ್ಧನಾಗಿರುತ್ತೇನೆ.

ಸಂಘದ ಹೆಸರು : _____ ಪ್ರಧಾನ ಅರ್ಜಿದಾರರ ಸಹಿ ಮತ್ತು ಪೂರ್ಣ ವಿಳಾಸ:
ರೋಗಿಯ ಸಹಿ

ಸ್ಥಳ ಮತ್ತು ದಿನಾಂಕ:
ರೋಗಿಯನ್ನು ಗುರುತಿಸಿದ ನೆಟ್‌ವರ್ಕ್ ಆಸ್ಪತ್ರೆ
ಅಧಿಕಾರಿ ಹೆಸರು, ಸಹಿ ಮತ್ತು ಆಸ್ಪತ್ರೆಯ ಮುದ್ರೆ

(ಸಂಘದ ಉಪಯೋಗಕ್ಕೆ)
ಸಂಘ/ ಸಂಸ್ಥೆಯ ಕಾರ್ಯದರ್ಶಿ/ ವ್ಯವಸ್ಥಾಪಕರಿಂದ ದೃಢೀಕರಣ

ನಾನು _____ ಸಂಘದ ಕಾರ್ಯದರ್ಶಿ/ ವ್ಯವಸ್ಥಾಪಕರಾಗಿದ್ದು, ಮೇಲೆ ನಮೂದಿಸಿದ ವ್ಯಕ್ತಿಯು ನಮ್ಮ ಸಂಘದ ಸದಸ್ಯರಾಗಿದ್ದು ಅವರ ಕುಟುಂಬದ ಬಗ್ಗೆ ಒದಗಿಸಿದ ಮಾಹಿತಿಯು ಸತ್ಯವಾಗಿದೆ ಎಂದು ಹಾಗೂ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಸೌಲಭ್ಯ ಪಡೆಯಲು ಅವರು ಅರ್ಹತೆಯನ್ನು ಪಡೆದಿರುತ್ತಾರೆಂದು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ. ಸದರಿಯವರ ಕುಟುಂಬದಲ್ಲಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ನೋಂದಾವಣೆಗೆ ಅರ್ಹ ಸದಸ್ಯರು ಇದ್ದಲ್ಲಿ ಅವರುಗಳನ್ನು ಮುಂದಿನ ಸಾಲಿನಿಂದ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ನೋಂದಾಯಿಸಲು ಹಾಗೂ ಅವರ ವಂತಿಗೆಯನ್ನು ಸಂಗ್ರಹಿಸಿ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟಿಗೆ ಪಾವತಿಸಲು ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳುತ್ತೇನೆಂದು ಈ ಮೂಲಕ ಒಪ್ಪಿರುತ್ತೇನೆ. ಒಂದು ವೇಳೆ ಮೇಲೆ ನಮೂದಿಸಿದ ಸದಸ್ಯರ ಮಾಹಿತಿಯು ತಪ್ಪಾಗಿದ್ದಲ್ಲಿ ಹಾಗೂ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ನಿಯಮಗಳಿಗೆ ವಿರುದ್ಧವಾಗಿ ಸೌಲಭ್ಯವನ್ನು ಪಡೆಯುವಲ್ಲಿ ನಾನು ಅವಕಾಶ ಕಲ್ಪಿಸಿದ್ದರೆ ಅದಕ್ಕೆ ನಾನೂ ಕೂಡ ಜವಾಬ್ದಾರನಾಗಿರುತ್ತೇನೆ ಎಂದು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ.

ಸ್ಥಳ ಮತ್ತು ದಿನಾಂಕ: _____ ಸಂಘ/ಸಂಸ್ಥೆಯ ಮುದ್ರೆ _____ ಕಾರ್ಯದರ್ಶಿ/ವ್ಯವಸ್ಥಾಪಕರ ಸಹಿ ಮತ್ತು ಮುದ್ರೆ

ಸೂಚನೆ: ಈ ನಮೂನೆಯ ದ್ವಿಪ್ರತಿಯಲ್ಲಿ (1ನೇ ಪ್ರತಿ ಆಸ್ಪತ್ರೆಗೆ ಮತ್ತು 2ನೇ ಪ್ರತಿ ಸಂಘದ ಕಾರ್ಯದರ್ಶಿಗೆ) ಸ್ವಘೋಷಣೆಯನ್ನು ಆಸ್ಪತ್ರೆಯವರು ಫಲಾನುಭವಿಯಿಂದ ಪಡೆಯಬೇಕು. ಸಂಘದ ಪ್ರತಿಯನ್ನು ಜಿಲ್ಲಾಸಮನ್ವಯಾಧಿಕಾರಿ ಆಸ್ಪತ್ರೆಯಿಂದ ಪಡೆದು ಸಂಘಕ್ಕೆ ಕಳುಹಿಸಬೇಕು. ಸಂಘದವರು ಇದನ್ನು ದೃಢೀಕರಿಸಿದ ನಂತರ ಅದರ ನಕಲು ಪ್ರತಿಯೊಂದನ್ನು ಜಿಲ್ಲಾ ಉಪನಿಬಂಧಕರಿಗೆ ಕಳುಹಿಸತಕ್ಕದ್ದು.

Annexure-9



Medi Assist

MEDI ASSIST INDIA TPA PVT LTD
(Yeshasvini Co-operative Farmers Health Scheme)

FINAL BILL

(For Regular Cases)

BILL No : _____ I.P No : _____ Pre-Auth No : _____

Patient Name: _____

Co-op.Society : _____ Village : _____ Taluk : _____

District : _____ U.H.L.D No/Receipt no : _____ Age : _____

1) Surgery _____

2) Surgery amount sanctioned under Yashasvini scheme Rs : _____

3) Bill amount raised in the name of Yeshasvini Trust Rs : _____

1. Signature of head of the hospital with seal 2. Signature of the treating doctor with seal

ಯಶಸ್ವಿನಿ ಯೋಜನೆಯನ್ನು ನಾನು ಚೆನ್ನಾಗಿ ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ ಹಾಗೂ ಯಶಸ್ವಿನಿ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ನಾನು ಪಡೆದುಕೊಂಡ ಚಿಕಿತ್ಸೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಯಾವುದೇ ವೆಚ್ಚವನ್ನು ಆಸ್ಪತ್ರೆಯವರು ನನ್ನಿಂದ ಸ್ವೀಕರಿಸಿರುವುದಿಲ್ಲವೆಂದು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ.

ಫಲಾನುಭವಿಯ ಸಹಿ ಮತ್ತು ವಿಳಾಸ



Medi Assist

Annexure-8

MEDI ASSIST INDIA TPA PVT LTD
 (Yeshasvini Co-operative Farmers Health Scheme)
Claim Form

Scheme Code No: MD/yes/10-11/: _____
 Date: _____

1. Name of the patient:- Mr/Mrs/Miss/Mast: _____

(Who is enrolled under the scheme)

2. Details of the member:- Age: _____ Sex: Male/Female, Occupation: _____

Residential Address: _____

Yeshasvini Receipt No:- _____ ID No. _____

Nature of illness contracted or injury suffered:- _____

Name, Address & Ph No. of the attending Surgeon:- _____

Reg. No. _____

Date of Admission:- _____ Date of discharge:- _____

Name of Hospital:- _____

Date of Authorization:- _____ Sanctioned Package Amount:- _____

Total no of Bills attached with FAR:- _____

Support of the above claim, I enclose following documents (plz Indicate by)

1. Claim form with Patient Signature
2. Copy of Yeshasvini ID, Receipt, and Original CO-operative letter
3. Original First Admission Report
4. Original Operative note from the surgeon
5. Original discharge summary
6. Investigation report
7. Consolidated Final Bill (Original) rise in the name if Yeshasvini Trust

Date: _____

Place: _____

1) Signature of head of the hospital with seal 2) Signature of the treating doctor with seal

ಫಲಾನುಭವಿಯ ಸಹಿ/ಹೆಚ್ಚಿಟ್ಟನ ಗುರುತು

