



LIFE INSURANCE CORPORATION OF INDIA

BRANCH 891

TPA MEDICAL INTIMATION CARD

WALK IN / WITH APPOINTMENT

Date: _____

Revival / NB

To, **Health India.**

TPA Services Pvt. Ltd
103-B, L.B.S. Marg,
Gandhi Nagar,
Vikhroli (West) Mumbai - 400083.
Tel : (022) 67557936 / 37
Fax (022) 67557946
E-mail : lic@healthcare-india.com
Website : www.healthcare-india.com
Kind Att : Mrs. Mugdha 9322328833

To, **Genins India TPA Ltd.**

B-2, 2nd Floor,
Bombay Wire Compound,
Opp. Bank of India, I.B. Patel Road,
Goregaon (East). Mumbai - 400063.
Tel:(022)42380900 - 15
Fax(022)26865541-26865617
E-mail : licmumbai@geninsindia.com
Website : geninsindia.com
Kind Att : Mr.Amul Kini 9223555194
Mr.Sudhir Galkar 9223555193

To, **MDIndia Healthcare**

Services TPA Pvt. Ltd.
3rd Floor, Kimatrai Bldg,
Maharishi Karve Road,
M.I.lines (East) Mumbai-400002.
Tel:(022)22199104
Fax No.(022)22199130
www.mdindiaonline.com
www.mdindiaonline.com
Att : Mr.Vishal Dorkulkar 9320356824
Mr.Sachin Kadam 9320474768

To, **MEDI ASSIST Healthcare Ser Pvt. Ltd.**

Medi Assist TPA Pvt Ltd.
1st Floor, North Wing, Plot No.7,
Exacom House, Saki Vihar Road, Saki NaKa,
Andheri (East) Mumbai-400097.
Tel:(022)32999202/9167599511
E-mail : avinash.more@mahs.in
Kind Att : AVinash More

Amount	Boc No	Date

Dear Sir / Madam,

Please arrange the Medical Reports for the Life Proposed Assured as mentioned below and submit the same at an early date.

Reg.No .	Name & Address of the life proposed	Contact No.	Date of Birth	Sum Under Consideration	Test / Reports Required
					<input type="checkbox"/> FMR, <input type="checkbox"/> ECG Tracing & Report, <input type="checkbox"/> BST Report (Fasting & 2hr post glucose) <input type="checkbox"/> FBS, <input type="checkbox"/> Haemogram, <input type="checkbox"/> Lipidogram, <input type="checkbox"/> X-Ray of chest, <input type="checkbox"/> RUA, <input type="checkbox"/> ELISA for HIV, <input type="checkbox"/> CTMT, <input type="checkbox"/> SBT-13.

Proposer has to carry Original Photo Identity (passport, driving licence & voters ID etc). Pls.Submit the Xerox copy of photo identity to Diagnostic Center
 Name of the Agent & DO: _____ Contact No. _____

Agent Signature : _____
 Yours Faithfully, Authorized Signatory with Seal
LIC Branch No. 891 / MDO III Branch Office Stamp:



Amount	Boc No	Date

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