

WECARE FAMILY HEALTH SCHEME

(CHARITABLE TRUST)
Reg. No. IV/350/21



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MANAGING TRUSTEE'S WELCOME LETTER TO WFHS CARD HOLDER

Wecare Family Health Scheme (WFHS) is a charitable trust hereby welcomes you and your family to our family health care scheme, for availing treatments at discount rates from charity minded private empanelled hospitals and other health centres with the help of WFHS health card.

Our private hospital facilities are of international standard and can meet any health problems arising and these hospitals can be the top health centres in India. The discount rates in hospitals and other institutions offered to card holders will help, to meet the escalating expenses of private hospitals bills.

Please log on to our website www.wfhsctrust.com where we have given the list of empanelled hospitals and other health centres along with the discount they offer to our card holders, in Medical, Dental, Ayurvedic, Laboratory, X-ray, Scanning, Physiotherapy. Also, the details of empanelled Pharmacies, Optical shop, Hearing Aid, Orthotics & Prosthesis, Health care and child care products and discounts they offer. Facility chart will help the card holders to know what all **General Services**, **Speciality and Super Speciality Services** are available in each empanelled Allopathy hospitals.

Empanelled list and **Facility chart** will assist you to know the empanelled hospitals and other Centres located as district wise, city and town wise, so you can know which hospital and other centres are near to you. Since more hospitals are being empanelled, to know the latest details, please log on to our website or feel free to contact us during working hours.

Wishing you and your family the very best and good health and we also intend to give in future the world class health knowledge for your day to day life. As our motto, we intend to pursue "CARE WITH A SMILE"

Managing Trustee

Wecare Family Health Scheme (WFHS)

ABOUT WFHS CHARITABLE TRUST AND OUR SERVICES

WFHS (Wecare Family Health Scheme) is a charitable organization formed with an intention to have a well-organized health system at an affordable rate with world class health care facilities to all class of people living in Kerala, Malayalees staying in other states of India, pravasees, ex pravasees, OCI card holders and their family members. WFHS will empanel, Charity minded private hospitals throughout Kerala and issue health cards up on the category of work and financial status.

The Charitable Trust is promoted by a group of doctors from medical, dental, ayurvedic profession, with several years' experience in India and abroad, experienced retired officials from various fields like Accountancy, Banking, Engineering, Police, Local Administration, Income Tax, armed forces, merchant association and a well known priest for his charitable work **Fr. Davis Chiramel**. Trust decides not to use any Government Hospitals or their facilities in order to avoid extra burden to our Government.

To obtain **WFHS** health card fill in the online application form and remitting the amount of Rs.1 per day for whole family as administrative expenses, to trust account through online upon category of entitlement for **Silver, Gold, Platinum** Health cards for whole family for 2 years. WFHS empanelled hospitals will be giving an estimate, final bills and discharge summary.

WFHS is giving National Insurance Company's Accidental death and permanent disability insurance coverage Globally for two lakhs to card holder during validity period of 2 years with a locking period of 3 months. Within 2 years period, if any of our card holders or the beneficiaries need dialysis treatments. WFHS as a joint venture with empanelled hospitals are planning to give "Free Dialysis Care" depending upon the fund availability, on priority basis with applied conditions. If we get more dialysis kit donations, CSR funds and if more people take WFHS cards, we hope to introduce "Free Dialysis Care" at the earliest. We wish more people from various categories receive WFHS Health cards and utilize the facilities from empanelled private hospitals and other centres.

ENTITLED FAMILY MEMBERS

- (a) All entitled category people in service and retired, their spouse and their parents.
- (b) Unmarried dependents below 25 years sons and daughter until marriage of different category people in service and retired.
- (c) Legally adopted dependents
- (d) Handicapped and disabled persons, any dependent person supported financially
- (e) Widow/Divorced daughter and their dependents up to 25 years.
- (f) Sons and daughters above 25 yrs and those are married must take separate card and their family members including their in laws can be included in the card.
- (g) If entitled WFHS card holder is no more, spouse can be the card holder and include dependents below 25 years in the card.
- (h) Even if a family member's name is included in WFHS health card, and daughter below 25 years get married, hospital need not give health card benefits, because each married family members and above 25 years must take separate health card.

TYPES OF WFHS FAMILY HEALTH DISCOUNT CARDS

Depending the category of work & services, we WFHS issue 3 types of Health cards

1. SILVER HEALTH CARD

2 GOLD HEALTH CARD

3. PLATINUM HEALTH CARD

WFHS SILVER HEALTH CARD

Administrative Cost of Health card for whole family : Rs.650
Each lost card : Rs. 450
Addition of new members name in existing card : No Charge
Fee for extra card with same card number : Rs. 450

For KPFHS card holder. Kerala Police force & Home guards

in Service & Retired / Para Military : Rs. 500
Validity of card : 2 years

Renewal of card : 6 months before expires
Health card entitlement : Entitled for whole family

Eligible category of people for WFHS Silver Health card: While in service, during retirement period and for family members above 25 years.

- □ Servicemen of Army , Navy, Air force and Coast guard,
- Ex-servicemen who are not a member of ECHS
- ☐ ECHS card holder's beneficiaries above 25 years and who are married.
- Para military Forces & Other Government Agencies in service and retired
- KPFHS card holders, Kerala Police force, Home guards in service & Retired
- Civilian workers & Ministerial workers of Military, Paramilitary, Kerala Police in service and retired.
- ☐ All Central, State and Semi Government employees in service and retired.
- □ BPL card holders
- □ All Fishermen workers of Kerala
- □ All Health workers of Kerala while in service and retired
- All Missionary & Religious related workers of all religion

WFHS GOLD HEALTH CARD

Administrative Cost of Health card for whole family : Rs.750
For Each lost card : Rs.550
For Addition of new members name in existing card : No Charge
Fee for extra card with same card number : Rs. 550
Validity of card : 2 years

Renewal of card : 6 months before expires
Health card entitlement : Entitled for whole family

Eligible category of people for WFHS Gold Health card: While in employment, retirement and for family members above 25 years

| SECTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATIO |
|--|
| APL card holders |
| Norka Card holders |
| Pravasees |
| Ex Pravasees |
| OCI Card holders |
| ADHITHI (Migrant) workers from other state |
| Advocates in Kerala |
| Farmers & agricultural workers |
| Aviation, Hotel, Tourism, Film & Cinema |
| News paper, TV, Radio employees while in service & retired |
| All scheduled private, co-operative banks and other financial institution employees in service and retired period |
| All private companies, education institutions, shops, transporting, logistic, cargo handlers, general, construction, maintance workers, security staffs while in employment and retirement period. |
| |

WFHS PLATINUM HEALTH CARD

Administrative Cost of Health card for whole family : Rs.600
For Each lost card : Rs.450
For Addition of new members name in existing card : No Charge
Fee for extra card with same card number : Rs.450
Validity of card : 2 years

Renewal of card : 6 months before expires
Health card entitlement : Entitled for whole family

Eligible category of people for WFHS Platinum Health card:

| Any resident of Kerala State, Other States, Pravasees, OCI Card holders, Regardless of their job, |
|---|
| Nativity or status are eligible and if applied in a group of 50 applications or more. |

HIGHLIGHTS OF WFHS FAMILY HEALTH DISCOUNT CARD

- WFHS family health scheme's is intention is to avail discount rate of 5% 50% from empanelled hospitals with conditions for OP & IP treatments to all malayalees living in Kerala, other Indian states, malayalees settled permanently overseas. OCI card holders and their family members.
- To avail 5% 30% discount rate from outside hospital centres for Scanning, X Ray, ECG, Laboratory, Physiotherapy, Medicines, Spectacle Frame & Lens, Hearing Aid, Orthotic and Prosthesis. Health Care & Child care products.
- National insurance company is providing Global accidental death/permanent disability care for 2 years for card holder with conditions, who are Indian citizens and who have applied for card from local Indian address with locking period of 3 months.
- Upcoming "Free Dialysis Care" project throughout Kerala for card holders family members on
 priority basis depending upon the funds and conditions, for 2 years period, who may require
 dialysis care from the slots of dialysis machine we plan to install and will provide free dialysis kit
 and free AV Fistula surgery. Fund raising has already been started.
- No Medi-claim insurance company will cover dialysis, since it is an OP procedure and does not require 24hrs admission.
- Depending upon the category of work and service, WFHS is issuing different types of cards as Silver (Rs.650), for KPFHS card holders, police force¶ military (Rs.500), Gold (Rs.750) and Platinum (Rs.600) health cards on payment of administration expense as Rs.1 per day for whole family for 2 years.
- WFHS health card is for whole family of the card holder, card applicant's parents, spouse
 parents, sons below 25 years, daughters until marriage, widow, divorced daughters and their
 dependents below 25 years, handicapped/adopted and other dependents.
- Existing disease do not restrict in availing health card.
- No age limit, no waiting period, no reference letter required.
- No charge for adding a new member in the existing card.
- While visiting different hospitals whom to contact details are given in the empanelled list we
 provide along with original card.
- For cashless medi-claim insurance, it is mandatory for 24hrs stay in hospitals, and this do not apply for WFHS health card.
- Emergency lifesaving treatment available (conditions apply).
- On submitting application form for card, we will provide immediately a temporary card.
- Grievance cell for sorting out complaints.
- For any legal proceeding, it will be done under Thrissur jurisdiction only.
- While donating "one dialysis kit" (Rs 1500) you are saving a life and we will issue WFHS cash receipt.
- While donating "One Day One Meal" (Rs 150) you are saving hunger and we will issue WFHS cash receipt.
- Huge financial gain within 2 years
- WFHS will be sending Registered post, the WFHS welcome letter, Original WFHS health discount card, Receipt for payment, National Insurance company Policy, WFHS Hospital Registration Form, QR codes for Hand book, Brochure, Card Application form, Donation Application form, Empanelled hospital and other centres list and facility chart.
- Application form for availing Health Card, to know the New Empanelled list and about discount, please contact our marketing executive, or scan QR codes or contact our office or log on to our website www.wfhsctrust.com.
- WFHS will always keep our motto

HOSPITALIZATION PROCEDURE

- Check the facility chart, empaneled list and decide, which empanelled hospital to visit
 and also check NABH / NABL status of the hospital.
- Confirm all your beneficiaries' names included in the card by checking the names printed in the card or by scanning the QR code in the card.
- Contact hospital either at help desk / Reception / Insurance desk / Billing Section / Corporate office for all assistance.
- Hospital staff can verify the card details from our website and also if card holder forgets to take card to hospital.
- Can avail OP & IP treatments
- 24 hrs hospitalization is not required
- WFHS card holders and beneficiaries must fill WFHS / Hospital registration form for in patient treatments
- Only one-time hospital registration fee may be charged or some hospital do not charge.
- OP consultation fee is valid for 2 weeks to one month depending upon the hospital
- Emergency hospitalization for life saving of card holder and beneficiaries (conditions apply)
- Card holders avail any type of accommodation depending upon the availability.
- Estimate is given for in patient prior, to treatments
- If card holder visit Hospital or other health centers, they must show the card or give a copy of card if they want.
- WFHS will not interfere in the line of treatments of the hospital
- It is the responsibility of card holder to settle hospital bills and collect discharge summary.
- If hospital and Insurance company agrees, card holder can use the cashless facilities but cannot be linked with WFHS discount rates.
- Empanelled hospital will be fully responsible for treating card holders and beneficiaries during inpatient treatments.
- WFHS trust responsibility is to issue health cards, empanelled hospitals and other
 centres and provide the discount they offer and facilities each Allopathy hospitals have
 clear card holders doubts, listen to their complaints, observe whether hospital is
 following the discount they offered. WFHS trust members are not liable at all as jointly
 and severally for the treatments given by Empanelled hospitals and if not satisfied with
 the treatments given to the card holder and beneficiaries. WFHS will not settle hospital
 bills of card holder and beneficiaries.

EMERGENCY HOSPITALIZATION

- In case of an emergency situation arises for a card holder or their beneficiaries, patient
 will be admitted and life saving treatment is given without submitting the WFHS health
 card to hospital help desk. Card holder must produce WFHS card within 24 hours.
- In such situation, hospitals has the right to verify the card holders details from WFHS
 website.
- Card holder or any beneficiaries member must fill the WFHS/ Hospital registration form
 while emergency life saving procedure is undergoing. Hospital will give estimate bill
 only after completion of Emergency life saving treatment.

CANCELATION OF WFHS HEALTH CARD

WFHS Health card applicant has the right to cancel the application form and can request to refund the amount paid for getting the card within one week, from the date of application submitted and remittance made to trust account. After one week period, If card applicant request to cancel the application and to refund the money it will not be possible and WFHS will refuse to refund the amount paid, because card processing has started already. If card holder's death happens during the validity period of two years, card will not be canceled. The beneficiaries listed in the card can continue to avail treatments from empanelled hospitals.

WFHS also has the right to cancel the card issued if card applicant has given false documents in a fraudulent manner or card holder is not settling the hospital bills in time. In such cases, WFHS can give 30 days notice to the address given in the card application by the registered post.

INSURANCE COVERAGE FOR 2 YEARS

National Insurance company is giving Global accidental death and permanent disability insurance coverage to card holder or to nominee an amount of Rs. 2 lakh during the validity period of 2 years after a waiting period of 3 months, provided Card holder must be an Indian citizen and who had applied for card from a local Indian address. It is mandatory to provide police report where the accident has happened.

GRIEVANCE PROCESS

For expedition handling of grievance, we have laid down procedures as per quality norms.

There is a separate grievance team consisting of medical specialists, **WFHS** trustee members, retired lawyer, accountant, police, defence officials, to insure grievance disposal within 7 working days. If card holders have any grievance they can send to grievance cell, it will avoid unnecessary legal and court proceedings

THE GRIEVANCE CELL, WFHS Managing Trustee, SUN TOWER BUILDING, 4th FloorDoor No. 8/147-48/26, East Fort, Thrissur- 680005



WECARE FAMILY HEALTH SCHEME (WFHS) CHARITABLE TRUST (Reg No: IV/350/21) A Unit of Fr. Davis Chiramel

Sun Tower Building, 4th Floor, East Fort, Thrissur 680005

APPLICATION FORM FOR AVAILING WFHS FAMILY HEALTH DISCOUNT CARD

| Name of card applicant: | |
|---|--------------------------|
| Gender : Male Female | |
| Age: Date of Birth: | PASSPORT SIZE PHOTO OF |
| Photo ID Number: | PRINCIPAL CARD APPLICANT |
| (Photo ID number of any one of the following documents of Aadhar Card / Pan Card / Voters Id / Passport/ OCI Card / driving Licence) | |
| Address of card applicant: | '' |
| 77 | |
| Pin code: | |
| Phone Number: Mobile Number: | |
| Email ld: | |
| Type of card entitled: Silver Gold Platinum | |
| Name of Spouse: | |
| Age: Date of Birth: | |
| Name of the Father of card applicant: | |
| Age: Date of Birth: | |
| Name of the Mother of card applicant : | |
| Age: Date of Birth: | |
| Name of the Father of Spouse : | |
| Age: Date of Birth: | |
| Name of the Mother of Spouse : | |
| Age: Date of Birth: | |
| Name of Handicapped / Adopted / any Dependent: | |
| Age: Date of Birth: | |
| Name of Widow / Divorced Daughter: | |
| Age: Date of Birth: | |
| Dependent Son below 25 Years / Unmarried Daughter / Widow and Divorced Da | ughters |
| <u>Dependents below 25 Years Son / Daughter</u> | |
| 1. Son / Daughter Name: | |
| Age: Date of Birth: | |
| 2. Son / Daughter Name: | |
| Age: Date of Birth: | |

| 3. Son / Daughter Name: | |
|---|--|
| Age: Date of Birth: | |
| 4. Son / Daughter Name: | |
| Age: Date of Birth: | |
| 5. Son / Daughter Name: | |
| Age: Date of Birth: | |
| Name of the Nominee for availing Accidental Death | Insurance amount : |
| | |
| Age: Date of Birth: | |
| Any photo ID number: | |
| Relation of card applicant with nominee: | |
| SELF DECL | ARATION |
| I | rdhereby declare that details the best of my knowledge. If I have given any false gaccidental death/permanent disability amount itled for availing discount rate treatment from onsibility is to observe whether card holder are at all as joinly and severely for the dissatisfaction als and in settling the hospital bills. For inpatient |
| Date : Name of card hole | der: |
| Place : Signat | ture : |
| FOR MAKING | G PAYMENT |
| For your safety, all transactions only through bank | |
| No cash transaction, except cash payment at WFH Any outside cash transaction, WFHS officials are not acceptable. Receipt for payment will be send by post along with While making donations, Pan Card Details is mand | IS office and will receive a cash receipt. not responsible. NRE/NRO Indian Rupee account. Foreign currency is th card. datory. alysis Kit, One Day One Meal Donations, details to be |
| Amount paid for | ĺ |
| Availing Card: Rs. | FEDERAL BANK Scan and Pay using any UPI App |
| Amount paid as | A/c name : WE CARE FAMILY HEALTH SCHEME WFHS |
| Donation for Dialysis Kit: Rs. | A/c number: 127020200007960 Branch: East Fort Place: Thrissur IFSC code: FDRL0001272 |
| Amount paid for as Donation for One Day Meal: Rs | ■ A/c name : WE CARE FAMILY HEALTH SCHEME |
| Mathod of Payment: | A/c number: 368073000001129 Branch: East Fort Place: Thrissur IFSC code: SIBL0000368 |
| Name of Marketing Executive: | |

| Name of Empanelled Hospital | : | | |
|---|----------------------------|--|--|
| & Address | : | | |
| | | | |
| | : | | |
| WECARE FA | AMILY HEALTH SCHEME (WFHS) | | |
| | TAL REGISTRATION FORM | | |
| 110011 | AL KLOISTKATION TOKIT | | |
| Name of Empanelled Hospital | ÷ | | |
| Place | 1 | | |
| Type of Card | : Silver Gold Platinum | | |
| Name of the Card Holder | : | | |
| Health Card Number | : | | |
| Validity of Health Card | : | | |
| | der : | | |
| | | | |
| | | | |
| Residence telephone No | 1 | | |
| Mobile No. | 1 | | |
| Name of the card beneficiary me | mber : | | |
| Availing treatment | : | | |
| Date of Birth : | Sex: | | |
| Type of treatment availing | | | |
| Out Patient (OP) | : 🗆 | | |
| Inpatient (IP) | _ : □ | | |
| Laboratory | : П | | |
| X-Ray | : | | |
| Imaging(Scanning) | : | | |
| Physiotherapy | : n | | |
| Ayurvedic treatments | : n | | |
| Any Other | : 🗆 | | |
| , | DEGLARATION | | |
| | DECLARATION | | |
| I am aware of this health scheme conditions and hereby agree to avail treatment for myself/dependent from WFHS empanelled hospital and I agree to settle the bills myself on completion of treatment. I am also aware that WFHS is not responsible in settling my bills. Thumb Impression if hospital insist:Name of the Card Holder: | | | |
| Date: | | | |

Signature of Card Holder/Beneficiary:

Place:

WECARE FAMILY HEALTH SCHEME (WFHS)

Charitable Trust - Reg. No. IV/350/21

Sun Tower Building, 4th Floor, East Fort, Thrissur - 680005, Kerala, India. Tel No: 0487-2445535. 2995535. 2429535. Toll Free:1800-425-45535

Mob No: 893074265, 8075720545, 7510843495, 8943199715 Email: wfhsctrust@gmail.com Website: www.wfhsctrust.com

ONLINE APPLICATION FORM FOR DONATION OF DIALYSIS KIT / DIALYSIS MACHINE / AV FISTULA SURGERY / ONE DAY ONE MEAL.

| Cost of One Dialysis Kit | : Rs.1,500 | Donating Number: | Amount: Rs | | |
|--|-----------------|------------------|---|--|--|
| Cost of One Dialysis Machine | e : Rs.6,00,000 | Donating Number: | Amount: Rs | | |
| Cost of AV Fistula Surgery | : Rs.15,000 | Donating Number: | Amount: Rs | | |
| Cost of One Meal | : Rs.150 | Donating Number: | Amount: Rs | | |
| Spare an Amount from your Family Birthday, Marriage, Anniversary Parties, Picnic, Tours, Get Together functions and donate and Save Life and Hunger. While making donation please provide Pancard details. All donations through bank only. No Cash Donation except at WFHS Office. Pravasies Donation from NRE / NRO Indian Rupee account only. Foreign currency donation not accepted. | | | | | |
| Total Amount of Donation: R | S | | | | |
| | | , | ☐ Credit card ☐ Debit card nethod of transfer | | |
| Name of the Person / Organiz | ation : | | | | |
| Making Donation : | | | | | |
| Age: Nationality: | | | | | |
| Photo Id Number: | | | | | |
| (Any One of the following Pho | oto ID Number) | | | | |
| ☐ Aadhar Card ☐ Pancard ☐ Passport ☐ OCI Card ☐ Voters Id ☐ Driving License | | | | | |
| | | | | | |
| | | Pin code: | | | |
| | | | | | |
| Mohile No: | Fmail | ld: | | | |

| Name of Beneficiary | 1 |
|--|--|
| A/C Number | 1 |
| Bank Name | 1 |
| Branch Name | 1 |
| Place of Bank | 1 |
| IFSC code No | 1 |
| Amount transferred t | o Indian Rupees |
| Amount in words | 1 |
| REMITTER'S BANK D | <u>ETAILS</u> |
| Name of Remitter | 1 |
| A/C Number | 1 |
| Bank Name | 1 |
| Branch Name | 1 |
| Place of Bank | 1 |
| IFSC code No | T |
| Amount transferred | : Rs / Foreign Currency |
| Amount in words | : |
| | |
| Any doubts regarding Filled Application Fo | PT WILL BE SEND TO YOUR ADDRESS BY POST/E-MAIL. ng donation, Please contact our Marketing Executives Or WFHS office orm For Donation Dialysis Kit / Dialysis Machine / AV Fistula Surgery / t be forwarded to WFHS office by Post / Courier / online / E-mail |
| Date: | Name of Person offering Donation: |
| Place: | Signature: |

A/c name: We Care Family Health Scheme

Bank: State Bank of India A/c number: 40917839287 Branch: East Fort branch

Place: Thrissur

IFSC code: SBIN0009121

SBI



SCAN & PAY

CONTACT US & HELPLINE

To Contact WFHS office during working hours

Address : Managing Trustee

Wecare Family Health Scheme Sun Tower Building, 4th Floor,

Door No:3/147/48/26,

East Fort, Thrissur- 680005

Telephone No : 0487-2445535, 2429535, 2995535

Fax No : 0487-2445535 Toll free No : 1800-425-45535

Mobile & Watts app : 8075720545, 8943199715,

7510843495, 8943074265, 9645793837

Email : wfhsctrust@gmail.com
Website : www.wfhsctrust.com
Working days : Monday – Saturday

Working Hours : 9 AM - 5 PMSunday & Holidays : Not working

WFHS advertise with : SONNET Advertising

9447149042, 9447059042



Age



WECARE FAMILY HEALTH SCHEME

CHARITABLE TRUST (WFHS)

Reg. No. IV/350/21

- PLEASE DONATE ONE DIALYSIS KIT AND SAVE LIFE
- PLEASE DONATE ONE MEAL AND SAVE HUNGER



WEHS DISCOUNT CARD

JUHI SANTHOSH





WFHS-TCR-00000000 Valid upto: 31/12/2024

Toll Free 2: 1800-425-45535

wfhsctrust@gmail.com www.wfhsctrust.com



WFHS Fr. Davis Chiramel (Trust Member) Offering
Family Health Scheme Discount card for all keralites, Pravasies, Ex-Pravasies, Migrant workers for availing discount rates.

FOR FREE DIALYSIS CARE ONE DAY ONE MEAL DONATION

Contact 0487-2445535, 2995535 Toll Free: 1800 425 4553

| AUTHO | DRISED FAMILY M | EMBERS & I | DEPENDENTS E | BELOW 25YRS. |
|-----------|-----------------|------------|--------------|--------------|
| Category | Name | Age | Category | Name |
| Spouse | | | Divorced | |
| Father of | | | Daughter | |

| Spouse | | Divorced Daughter | |
|--|--|---|----------|
| Father of Card Holder | | Widowed Daughter | \dashv |
| Mother of Card Holder | | Son Below 25yrs Daughter Until | |
| Father of Spouse | | Marriage | _ |
| Mother of Spouse | | Son Below 25yrs Daughter Until Marriage | |
| Handicapped/ Adopted/ Any Other Dependent | | Son Below 25yrs Daughter Until Marriage | |

WECARE FAMILY HEALTH SCHEME Tc, 8/147-48/26, 4th Floor, SUN TOWER BUILDING, East Fort, Thrissur - 680005, Kerala, India

Working | Monday to Saturday : 9 AM - 5 PM Hours | Sunday Holiday

Tel: 0487-2429535

0487-2445535

8075720545, 7510843495

OUR SERVICES:

Out Patient, Inpatient Medical, Dental, Ayurvedic Speciality, Super Speciality Treatments at

Pharmacy, Laboratory, Scanning, X-ray, Physiotherapy, Opticals, Hearing aid, Orthotic & Prosthesis and

PLEASE BRING THIS CARD DURING ALL EMPANELLED HOSPITAL & OTHER CENTRES VISIT