







a) Policy	No:																			b)	SI.	No/	Cerl	tifica	ate	No :																
;) Comp	any / TPA II	No:																																								
l) Name	:	S	U	R	N /	A N	1 E						F	T	R	S	T			N	А	M	Е				M						E									
) Addre	ss:																																									
					ī	ī	ï	Π									1												ī	Ī			٦ï					Ī		ī	$\exists$	Ē
	City:					7	1			 		_					7				Stat	e : [	_						1	7	7	7					_	F	1	7	_	Г
	, –									الــــا	_	_										 	_		] [	ID .											_	$\vdash$			_	
	Pin Code :		_	_	_lL			PIII	one l	NO .								<u> </u>		_	L				nail	. טו	L								_				JL	⊒L		L
ETAIL	S OF BILL	S E	NCI	os	ED :																																					_
l. No.	Bill No	Date Issued by Towards									T	Amount (Rs.)																														
		D	D	M	M	Υ	Υ		Hospital Main Bill										$\perp$			Ì																				
2.		D	D	M	M	Υ	Υ		Pre-hospitalization Bills : Nos																																	
B		D	D	M	M	Υ	Υ	₩								Post-hospitalization Bills : Nos													_				+			4		L	_			
l.		D	D	M	M	Υ	Υ	-	Pharmacy Bills											+			$\perp$		$\perp$	_																
5.		D	D	M	M	Y	Y	+																								+				+			+	_	+	
6. 7.		D D	D	M	M	Y	Y	+																								+	$\dashv$			+	_	_	+	—	+	_
3.		D	D	M	M	Y	Y																									+				+			+		+	_
).		D	D	M	M	Y	Υ Υ																									$^{+}$				$^{+}$			$^{+}$	_	t	_
10.		D	D	M	M	Υ	Υ																									$^{\dagger}$				$^{\dagger}$			Ť		t	
here untrue reimb	by declare e stateme ursement al / Medic	tha nt, s sha al P	t th supp II be	e in ores for titio	form ssion feite	nation n or ed. I a who	cor also has	cor atte	lme ser ende	nt c it & a ed c	of a autl on tl	ny hor ne p	ma ize oer:	ter TP sor	ial t A/i rag	fac nsı gair	t w ura	ith nce wh	res e cc om	spe mp this	ct t ang s cl	o q y, to aim	jue: o se o is	stic ek ma	ons ne ade	as ces	ked sar ere	in y m by	rel ned de	atio ica cla	on t I inf re tl	o torn	his nati I ha	cla on ave	im, / do inc	my cur lud	y ri me led	gh nts all	it to	o c	lai na	im ny

## Contact Persons of TPA for submission of OPD Bills of PRMB.

Sr. No.	Contact Person	Mobile No.									
1	Ajay Parvekar	9225239306									
2	Ashwin Ingle	9225239307									
Email – nagpur@geninsindia.com, nagpurgenins@gmail.com											

Contact Person will be available from 11:00 AM to 01:00 PM at CMS Nagpur on working days of MOIL Limited Nagpur.