



**आर्यावर्त बैंक
प्रधान कार्यालय**

ए-2/46 विजय खण्ड, गोमतीनगर, लखनऊ-226 010

सन्दर्भ : प्र0का0/मानव संसाधन एवं औ.वि./के0के0एस0

परिपत्र संख्या: 02/220

दिनांक: 01.02.2021

महाप्रबन्धक,

सहायक महाप्रबन्धक,

क्षेत्रीय प्रबन्धक,

समस्त क्षेत्रीय कार्यालय

मुख्य प्रबन्धक

समस्त विभाग, प्रधान कार्यालय/कर्मचारी प्रशिक्षण केन्द्र

शाखा प्रबन्धक/मुख्य प्रबन्धक, स्टाफ सदस्य,

समस्त शाखाएं।

**बैंक के सेवानिवृत्त कार्मिकों एवं उनके स्पाउज़ हेतु चिकित्सा बीमा योजना
(Medical Insurance Scheme) का शुभारम्भ**

प्रधान कार्यालय के अनुदेश परिपत्र संख्या 02/94 दिनांक 07.01.2021 तथा 01/204 दिनांक 18.01.2021 का सन्दर्भ ग्रहण करें, जिसके माध्यम से बैंक के सेवानिवृत्त कार्मिकों एवं उनके स्पाउज़ हेतु चिकित्सा बीमा योजना लागू किये जाने एवं बीमा योजना में सम्मिलित होने हेतु दिशानिर्देश निर्गत किये गये थे।

सहर्ष सूचित किया जाता है कि उक्त बीमा योजना में सम्मिलित होने हेतु अपना सहमति पत्र प्रस्तुत करने वाले बैंक के सेवानिवृत्त कार्मिकों एवं उनके स्पाउज़ हेतु चिकित्सा बीमा योजना लागू कर दी गयी है। यह योजना दिनांक 01.02.2021 से प्रभावी है। ऐसे सेवानिवृत्त कार्मिक जो किसी कारणवश अभी तक इस योजना हेतु सहमति पत्र नहीं दे पाये हैं, उन्हें अन्तिम रूप से एक अवसर प्रदान करते हुये बीमा कम्पनी द्वारा दिनांक 20.02.2021 तक का अतिरिक्त समय प्रदान कर दिया गया है। कृपया इस समय विस्तार से सभी शेष सेवानिवृत्त कार्मिकों को अवगत करा दें।

10वें द्विपक्षीय वेतन समझौते/पुनरीक्षण के अन्तुरूप लागू की गयी ग्रुप चिकित्सा बीमा पालिसी के अन्तर्गत इस योजना को बीमाकर्ता कम्पनी "न्यू इण्डिया एश्योरेंस कम्पनी लिमिटेड" से ई-टेण्डर के माध्यम से प्राप्त किया गया है। "न्यू इण्डिया एश्योरेंस कम्पनी लिमिटेड" द्वारा चिकित्सा बीमा योजना के अन्तर्गत प्राप्त होने वाले दावों के लिए 'M/s MediAssist Insurance TPA Pvt Ltd' को THIRD PARTY ADMINISTRATOR (TPA) नियुक्त किया गया है। इस योजना में प्रस्तुत किये गये समस्त दावों का निस्तारण MediAssist Insurance TPA द्वारा किया जायेगा।

बैंक में लागू की गयी चिकित्सा बीमा योजना का विवरण निम्नवत है:-

1. यह योजना दिनांक 01.02.2021 से दिनांक 31.01.2022 तक लागू है।

2. चिकित्सा बीमा हेतु लागू पॉलिसी की नियम व शर्तों का विस्तृत विवरण एनेक्जर-1 में प्रस्तुत है।

3. MediAssist Insurance TPA से सम्बन्धित सम्पर्क सूत्र (वेबसाइट, ई-मेल आईडी, फ़ैक्स नं0 तथा योजना से सम्बद्ध कम्पनी के प्रतिनिधियों) का विवरण एनेक्जर-2 में प्रस्तुत है।

4. टीपीए द्वारा बैंक के प्रधान कार्यालय (आर्यावर्त बैंक, शालीमार कारपोरेट पार्क, टाईटेनियम ब्लॉक-सी, भूखण्ड-1/1, विभूति खण्ड, गोमती नगर, लखनऊ-226010) में हेल्प-डेस्क स्थापित किया गया है।



5. योजना में सम्मिलित प्रत्येक सेवानिवृत्त कार्मिक/उनके स्पाउज को कैशलेस सुविधा हेतु टीपीए द्वारा हेल्थ आई.डी. कार्ड जारी किये जायेंगे, जोकि उनकी वेबसाइट (ecard.medibuddy.in) पर उपलब्ध रहेंगे। प्रत्येक सेवानिवृत्त कार्मिक/उनके स्पाउज अपने हेल्थ आई.डी. कार्ड प्राप्त कर, पालिसी में अंकित अपने विवरण की जांच कर लें तथा हेल्थ आई.डी. कार्ड में कोई त्रुटि होने पर प्रधान कार्यालय को तत्काल अवगत करायें।

6. सेवानिवृत्त कार्मिक/उनके स्पाउज द्वारा अस्पतालीकरण व्ययों का दावा निर्धारित प्रारूप (एनेक्जर-3) पर किया जायेगा।

7. अस्पतालीकरण व्ययों की प्रतिपूर्ति का दावा फार्म किसी भी निकटवर्ती क्षेत्रीय कार्यालय/प्रधान कार्यालय में प्रस्तुत किया जा सकता है। क्षेत्रीय कार्यालय द्वारा दावा फार्म तत्काल प्रधान कार्यालय में स्थित टीपीए की हेल्प-डेस्क को प्रेषित किया जायेगा।

8. कैश-लेस सुविधा प्राप्त करने हेतु टीपीए द्वारा विभिन्न अस्पतालों के साथ टाई-अप किया गया है। इन अस्पतालों में इलाज कराने पर पॉलिसी कवरेज एवं पात्रता की सीमा तक अस्पतालीकरण व्ययों के भुगतान करने की आवश्यकता नहीं होगी। कैश-लेस सुविधा प्राप्त करने सम्बंधी प्रक्रिया/दिशानिर्देश एनेक्जर-4 में अंकित है।

9. उत्तर प्रदेश के विभिन्न शहरों में कम्पनी द्वारा टाई-अप अस्पतालों की सूची संलग्न (एनेक्जर-6) है। उत्तर प्रदेश एवं बाहर के शहरों की सूची टीपीए की वेबसाइट (www.medibuddy.in/networkHospitals) से प्राप्त की जा सकती है।

10. यदि कम्पनी के टाई-अप अस्पतालों से इतर अस्पतालों में इलाज कराया जाता है, उन्हें अस्पतालीकरण व्ययों की प्रतिपूर्ति कम्पनी द्वारा की जायेगी। अस्पतालीकरण व्ययों की प्रतिपूर्ति प्राप्त करने सम्बंधी प्रक्रिया/दिशानिर्देश एनेक्जर-5 में अंकित है।

11. अस्पतालीकरण व्ययों की प्रतिपूर्ति हेतु कार्मिकों द्वारा अस्पताल में भर्ती होने की सूचना अस्पतालीकरण के 24 घण्टे के अन्दर टीपीए की वेबसाइट अथवा ई-मेल आईडी पर प्रेषित की जायेगी तथा कार्मिकों द्वारा अस्पतालीकरण व्ययों से सम्बन्धित दावा डिस्चार्ज होने के 30 दिनों के अन्दर प्रस्तुत किये जायेंगे। यदि अस्पतालीकरण पूर्व निर्धारित है तो टीपीए को 2 दिन पूर्व सूचित किया जाना चाहिये, परन्तु आकस्मिक परिस्थितियों में अस्पतालीकरण के 24 घण्टे के अन्दर सूचित किया जाना चाहिये। अस्पतालीकरण की सूचना के साथ कार्मिक संख्या, रोगी का नाम, सम्बन्धित अस्पताल का नाम व पता, रोग एवं चिकित्सा का विवरण (यदि उपलब्ध हो), अस्पतालीकरण की तिथि तथा अनुरोध राशि (यदि उपलब्ध हो) अंकित करना होगा। अस्पतालीकरण की सूचना प्रेषित करने हेतु अन्य विवरण एनेक्जर-7 में अंकित है।

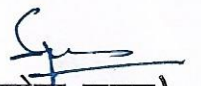
12. अस्पतालीकरण की सूचना बीमित व्यक्ति/अन्य पारिवारिक सदस्य अथवा बैंक द्वारा टीपीए की वेबसाइट अथवा ई-मेल आईडी पर प्रेषित की जा सकती है।

13. वर्ष के दौरान बीमा कवर राशि की सीमा अधिकारियों हेतु ₹0 4.00 लाख एवं कर्मचारियों हेतु ₹0 3.00 लाख है। उपरोक्त सीमा के अन्तर्गत सेवानिवृत्त कार्मिक एवं उनके स्पाउज शामिल होंगे।

चिकित्सा बीमा योजना से सम्बन्धित उपरोक्त दिशा-निर्देशों को समस्त सम्बन्धितों के संज्ञान में लाया जाये। क्षेत्रीय कार्यालय/कार्यालय दावों के शीघ्र निस्तारण हेतु प्रभावी कार्रवाई सुनिश्चित करें। दावों के निस्तारण में होने वाली किसी भी असुविधा के लिये टीपीए एवं प्रोका0 में स्थापित हेल्प डेस्क के प्रतिनिधियों से तत्काल सम्पर्क करें।

संलग्नक: यथोपरि।




(सत्येन्द्र कुमार)
महाप्रबन्धक



MEDICAL INSURANCE SCHEME FOR RETIREES OF ARYAVART BANK- SCHEME GUIDELINES

| POLICY COVERAGE DETAILS | |
|---|---|
| Policy Period: | 01.02.2021 to 31.01.2022 |
| Policy Type: | Group Medical Insurance Policy only for Retired Employees of the Bank |
| Family Definition: | Self (Retiree) + Spouse or Widow / widower of the Retired Employee |
| Coverage Type: | Family Floater |
| Sum Insured: | For Clerical/Sub Staff - INR 3,00,000/- For Officers – INR 4,00,000/- |
| Pre-existing Diseases: | Coverage from day 1 |
| 30 days Waiting Period: | Waived Off |
| Waiting Periods on Specific Diseases: | Waived Off |
| Hospital Room Rent: | Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less. |
| ICU Rent: | Intensive Care Unit (ICU) expenses not exceeding INR 7500 per day or actual amount whichever is less. |
| Professional Charges: | Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees covered up to Sum Insured |
| All other expenses: | No Limits for all other expenses including Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses,, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor. |
| Cost of Donor: | Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured. |
| Ambulance Charges: | Ambulance charges are payable up to INR 2500/- per trip to hospital and/or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to INR 750/- per Hospitalization. Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full. |
| Pre and Post Hospitalization Expenses: | Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge. |
| Alternative Treatment: | Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only in a hospital registered by the Central / State authorities |
| Day Care Treatment: | Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments. This condition will also not apply in case of stay in hospital of less than a day provided – A) The treatment is undertaken under General or Local Anaesthesia in a hospital / day care Centre in less than a day because of technological advancement and Which would have otherwise required hospitalization of more than a day. |



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|--|---|
| Congenital Anomalies: | Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy |
| Psychiatric Ailment: | Expenses for treatment of psychiatric and psychosomatic diseases payable for hospitalization. |
| All Advanced Medical Treatment: | All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery. |
| Taxes and Other charges: | All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary, as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU or any other case where the patient is critical and requiring special care. |
| Genetic Disorder: | Treatment for Genetic disorder covered |
| Other Medical Treatment: | Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders |
| External and Durable Equipment: | Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional. |
| Ambulatory devices: | Walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered |
| Cost of Artificial Limb: | Covered |
| Physiotherapy Charges: | Physiotherapy charges shall be covered for the period specified by the Medical Practitioner. |



| Policy Exclusions | |
|-------------------|--|
| 1 | Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not). |
| 2 | A) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident. B) Vaccination or inoculation. C) Change of life or cosmetic or aesthetic treatment of any description is not covered. D) Plastic surgery other than as may be necessitated due to an accident or as part of any illness. |
| 3 | Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant. |
| 4 | Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature. |
| 5 | Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol. |
| 6 | All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS. |
| 7 | Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor. |
| 8 | Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician. |
| 9 | Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials. |
| 10. | All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment. |
| 11. | Attempted suicide, war, invasion, nuclear radiation is not covered. |
| 12. | OPD Treatment |



| Escalation Matrix- MediAssist Insurance TPA Pvt. Ltd. | | | | |
|---|--------------------|-------------------|-----------------|--|
| Escalation Level | Process Owner | Designation | Contact Details | E-mail ID |
| Level -1 | Mr. Nitesh Nigam | Team Lead | 6366764929 | nitesh.nigam@mediassist.in |
| Level -2 | Ms. Vibha Saxena | Assistant Manager | 9599689869 | Vibha.Saxena@mediassist.in |
| Level -3 | Mr. Ranvijay Kumar | Manager | 9205475391 | ranvijay.kumar@mediassist.in |

| | |
|-------------------------|---|
| Service Partners | K. M. Dastur Reinsurance Brokers Pvt. Ltd. |
| Regional Office Address | 4th floor, Suite No 6, 60B, Chowringhee Rd, Kolkata, West Bengal 700020 |

| Escalation Matrix- K. M. Dastur Reinsurance Brokers Pvt. Ltd | | | | |
|--|------------------------|-----------------|-----------------|--|
| Escalation Level | Process Owner | Designation | Contact Details | E-mail ID |
| Level -1 | Waseem Ahmad | Sr. Executive | 6201926938 | helpdeskaryavartbankgmc@gmail.com |
| Level -2 | Md. Imran | Branch Head | 9334330817 | Md.Imran@kmdastur.com |
| Level -3 | Dr. Joydip Mukherjee | Manager | 9007112495 | Joydip.mukherjee@kmdastur.com |
| Level -4 | Dr. Yasmeen Chatterjee | General Manager | | Yasmeen.Chatterjee@kmdastur.com |



(To be Filled in block letters)

[illegible]

a) Currently covered by any other Medicaclaim / Health Insurance: ☐ Yes ☐ No b) Date of commencement of first insurance without break: DD MM YYYY

c) If yes, company name: Policy No. Sum insured (Rs.)

d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☐ No Date: MM YYYY

Diagnosis:

e) Previously covered by any other Medicaclaim /Health insurance :: ☐ Yes ☐ No

f) If yes, company name:

a) Name: S U R N A M E F I R S T N A M E M I D D L E N A M E

b) Gender Male ☐ Female ☐ c) Age years Y Y Months M M d) Date of Birth D D M M Y Y Y Y

e) Relationship to Primary insured: Self ☐ Spouse ☐ Child ☐ Father ☐ Mother ☐ Other ☐ (Please Specify)

f) Occupation Service ☐ Self Employed ☐ Home Maker ☐ Student ☐ Retired ☐ Other ☐ (Please Specify)

g) Address (if different from above) :

City: State:
Pin Code Phone No: Email ID:

a) Name of Hospital where Admitted:

b) Room Category occupied: Day care ☐ Single occupancy ☐ Twin sharing ☐ 3 or more beds per room ☐

c) Hospitalization due to: Injury ☐ Illness ☐ Maternity ☐

d) Date of injury / Date Disease first detected /Date of Delivery: DD MM YY YY YY YY

e) Date of Admission: DD MM YY YY f) Time HH HH MH MH

g) Date of Discharge: DD MM YY YY h) Time: HH HH : MM MH

i) If injury give cause: Self inflicted ☐ Road Traffic Accident ☐ Substance Abuse / Alcohol Consumption ☐ j) If Medico legal ☐ Yes ☐ No

iii. MLC Report & Police FIR attached ☐ Yes ☐ No

j) System of Medicine:

- ☐ Claim form duly signed
- ☐ Copy of the claim intimation, if any
- ☐ Hospital Main Bill
- ☐ Hospital Break-up Bill
- ☐ Hospital Bill Payment Receipt
- ☐ Hospital Discharge Summary
- ☐ Pharmacy Bill
- ☐ Operation Theater Notes
- ☐ ECG
- ☐ Doctor's request for investigation
- ☐ Investigation Reports (Including CT / MRI / USG / HPE)
- ☐ Doctor's Prescriptions
- ☐ Others

| Sl. No. | Bill No. | Date | Issued by | Towards | Amount (Rs) | | | |
|---------|----------|-------------|-----------|---------------------------------|-------------|--|--|--|
| 1. | | D D M M Y Y | | Hospital main Bill | | | | |
| 2. | | D D M M Y Y | | Pre-hospitalization Bills: Nos | | | | |
| 3. | | D D M M Y Y | | Post-hospitalization Bills: Nos | | | | |
| 4. | | D D M M Y Y | | Pharmacy Bills | | | | |
| 5. | | D D M M Y Y | | | | | | |
| 6. | | D D M M Y Y | | | | | | |
| 7. | | D D M M Y Y | | | | | | |
| 8. | | D D M M Y Y | | | | | | |
| 9. | | D D M M Y Y | | | | | | |
| 10. | | D D M M Y Y | | | | | | |

[illegible]

(IMPORTANT: PLEASE TURN OVER)

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date DD MM YY YY Place: Signature of the Insured

SECTION H

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)

| DATA ELEMENT | DESCRIPTION | FORMAT |
|---|---|--|
| SECTION A - DETAILS OF PRIMARY INSURED | | |
| a) Policy No. | Enter the policy number | As allotted by the Insurance Company |
| b) Sl. No/ Certificate No. | Enter the social Insurance number or the certificate number of social health insurance scheme | As allotted by the organization |
| c) Company TPA ID No. | Enter the TPA ID No. | Licence number as allotted by IRDA and printed in TPA documents. |
| d) Name | Enter the full name of the policyholder | Surname, First name, Middle name |
| e) Address | Enter the full postal address | Include Street, City and Pin code |
| SECTION B -DETAILS OF INSURANCE HISTORY | | |
| a) Currently covered by any other Mediciam / Health Insurance? | Indicate whether currently covered by another Mediciam / Health Insurance | Tick Yes or No |
| b) Date of commencement of first Insurance without break | Enter the date of commencement of first Insurance | Use dd-mm-yy-format |
| c) Company Name | Enter the full name of the Insurance Company | Name of the organization in full |
| Policy No. | Enter the policy number | As allotted by the Insurance Company |
| Sum insured | Enter the total sum insured as per the policy | In rupees |
| d) Have you been Hospitalized in the last four years since Inception of the contract? | Indicate whether hospitalized in the last four years | Tick Yes or No |
| Date | Enter the date of Hospitalization | Use mm-yy format |
| Diagnosis | Enter the diagnosis details | Open Text |
| e) Previously covered by any other Mediciam / Health Insurance? | Indicate whether previously covered by another mediciam / Health Insurance | Tick Yes or No |
| f) Company Name | Enter the full name of the Insurance Company | Name of the organization in full |
| SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED | | |
| a) Name | Enter the full name of the patient | Surname, First name, Middle name |
| b) Gender | Indicate Gender of the patient | Tick Male or Female |
| c) Age | Enter age of the patient | Number of years and months |
| d) Date of Birth | Enter Date of Birth of patient | Use dd-mm-yy format |
| e) Relationship to primary Insured | Indicate relationship of patient with policyholder | Tick the right option, if others, please specify |
| f) Occupation | Indicate occupation of patient | Tick the right option. If others, please specify. |
| g) Address | Enter the full postal address | Include Street, City and Pin code |
| h) Phone No | Enter the phone number of patient | Include STD code with telephone number |
| i) E-mail ID | Enter e-mail address of patient | Complete e-mail address |
| SECTION D - DETAILS OF HOSPITALIZATION | | |
| a) Name of Hospital where admitted | Enter the name of hospital | Name of hospital in full |
| b) Room category occupied | Indicate the room category occupied | Tick the right option |
| c) Hospitalization due to | Indicate reason of hospitalization | Tick the right option |
| d) Date of injury/Date Disease first detected / Date of Delivery | Enter the relevant date | Use dd-mm-yy format |
| e) Date of admission | Enter date of admission | Use dd-mm-yy format |
| f) Time | Enter time of admission | Use hh-mm- format |
| g) Date of discharge | Enter date of discharge | Use dd-mm-yy format |
| h) Time | Enter time of discharge | Use hh-mm- format |
| i) If injury give cause | Indicate cause of injury | Tick the right option |
| If Medico legal | Indicate whether injury is medico legal | Tick Yes or No |
| Reported to Police | Indicate whether police report was filed | Tick Yes or No |
| MLC Report & Police FIR attached | Indicate whether MLC report and Police FIR attached | Tick Yes or No |
| j) System of Medicine | Enter the system of medicine followed in treating the patient | Open Text |
| SECTION E - DETAILS OF CLAIM | | |
| a) Details of Treatment Expenses | Enter the amount claimed as treatment expenses | In rupees (Do not enter paise values) |
| b) Claim for Domiciliary Hospitalization | Indicate whether claim is for domiciliary hospitalization | Tick Yes or No |
| c) Details of Lump sum/ Cash benefit claimed | Enter the amount claimed as lump sum / cash benefit | In rupees (Do not enter paise values) |
| d) Claim documents Submitted-Check List | Indicate which supporting documents are submitted | Tick the right option |
| SECTION F - DETAILS OF BILLS ENCLOSED | | |
| Indicate which bills are enclosed with the amount in rupees | | |
| SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT | | |
| a) PAN | Enter the permanent account number | As allotted by the Income Tax Department |
| b) Account Number | Enter the Bank account number | As allotted by the Bank |
| c) Bank Name and Branch | Enter the Bank name along with the branch | Name of the Bank in full |
| c) Cheque/ DD payable details | Enter the name of the beneficiary the cheque / DD should be made out to | Name of the individual / organization in full |
| c) IFSC Code | Enter the IFSC code of the Bank branch | IFSC code of the Bank branch in full |
| SECTION H - DECLARATION BY THE INSURED | | |
| Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. | | |



CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITAL
The issue of this Form is not to be taken as an admission of liability
Please include the original preauthorization request form in lieu of PART A

(To be Filled in block letters)

DETAILS OF HOSPITAL

a) Name of the hospital:
a) Hospital ID: c) Type of Hospital: Network : ☐ Non Network : ☐ (if non network fill section E)
c) Name of the treating doctor: SURNAME FIRST NAME MIDDLE NAME
e) Qualification: f) Registration No. with State Code: g) Phone No.

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: SURNAME FIRST NAME MIDDLE NAME
b) IP Registration Number: c) Gender: Male ☐ Female ☐ d) Age: Years Months e) Date of birth: DD MM YY
f) Date of Admission: DD MM YY g) Time: HH MM h) Date of Discharge: DD MM YY i) Time: HH MM
j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity ☐ i) Date of Delivery: DD MM YY ii) Gravida Status:
l) Status at time of discharge: Discharge to home ☐ Discharge to another hospital ☐ Deceased ☐ m) Total claimed amount

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

| a) | ICD 10 Codes | Description | b) | ICD 10 PCS | Description |
|---------------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|
| i. Primary Diagnosis | <input type="text"/> | <input type="text"/> | i. Procedure 1: | <input type="text"/> | <input type="text"/> |
| ii. Additional Diagnosis: | <input type="text"/> | <input type="text"/> | ii. Procedure 2: | <input type="text"/> | <input type="text"/> |
| iii. Co-morbidities: | <input type="text"/> | <input type="text"/> | iii. Procedure 3: | <input type="text"/> | <input type="text"/> |
| iv. Co-morbidities: | <input type="text"/> | <input type="text"/> | iv. Details of Procedure: | <input type="text"/> | <input type="text"/> |

c) Pre-authorization obtained: ☐ Yes ☐ No d) Pre-authorization Number:
e) If authorization by network hospital not obtained, give reason:
f) Hospitalization due to injury: ☐ Yes ☐ No i. If Yes, give cause Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐
ii) If injury due to substance abuse / alcohol consumption, Test conducted to establish this: ☐ Yes ☐ No (If Yes, attach reports) iii. If Medico legal: ☐ Yes ☐ No iv. Reported to Police ☐ Yes ☐ No
v. FIR No. vi. If not reported to police give reason:

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Claim Form duly signed | <input type="checkbox"/> Investigation reports |
| <input type="checkbox"/> Original Pre-authorization request | <input type="checkbox"/> CT/MR/USG/HPE investigation reports |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter | <input type="checkbox"/> Doctor's reference slip for investigation |
| <input type="checkbox"/> Copy of Photo ID Card of patient Verified by hospital | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Hospital Discharge summary | <input type="checkbox"/> Pharmacy bills |
| <input type="checkbox"/> Operation Theatre Notes | <input type="checkbox"/> MLC reports & Police FIR |
| <input type="checkbox"/> Hospital main bill | <input type="checkbox"/> Original death summary from hospital where applicable |
| <input type="checkbox"/> Hospital break-up bill | <input type="checkbox"/> Any other, please specify |

ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital
City: State:
Pin Code: b) Phone No. c) Registration No. with State Code:
d) Hospital PAN: e) Number of inpatient beds f) Facilities available in the hospital i. OT ☐ Yes ☐ No ii. ICU ☐ Yes ☐ No
iii. Others:

DECLARATION BY THE HOSPITAL

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date: DD MM YY

Signature and Seal of the Hospital Authority:



SECTION A

SECTION B

SECTION C

SECTION D

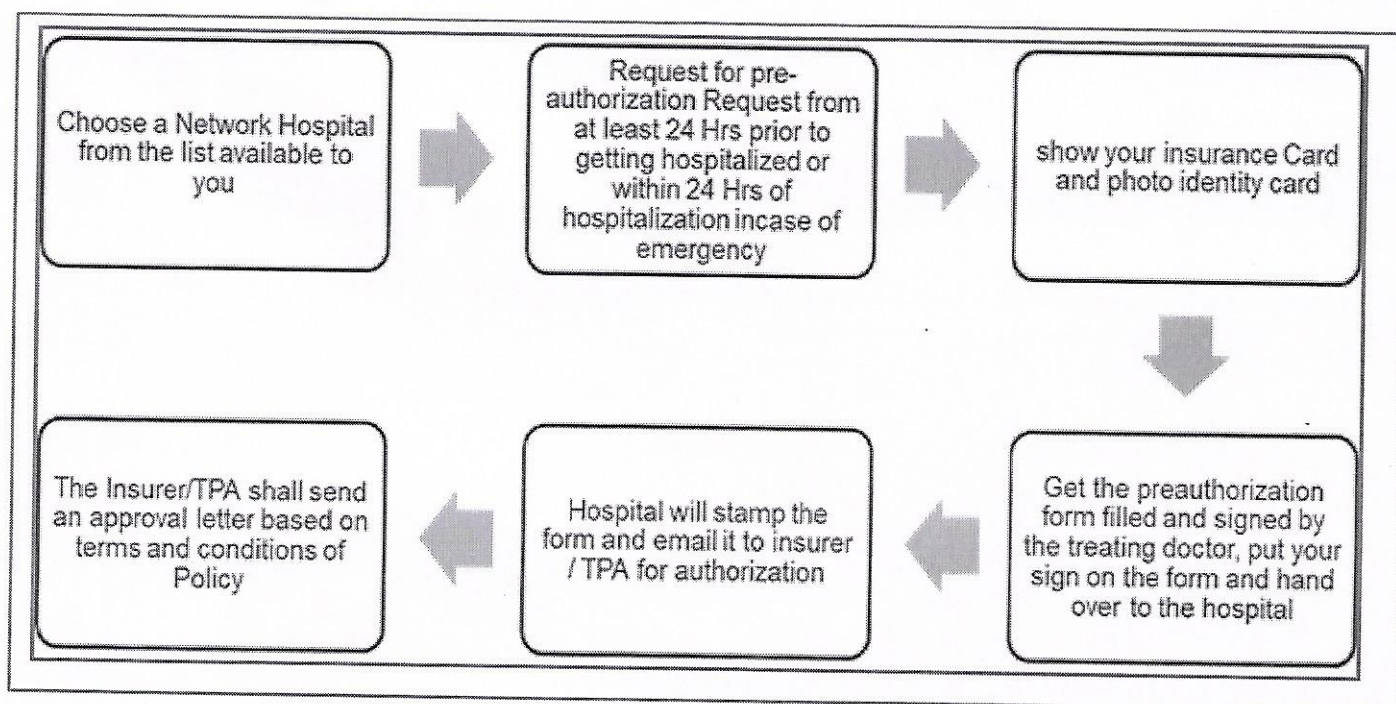
SECTION E

SECTION F

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)

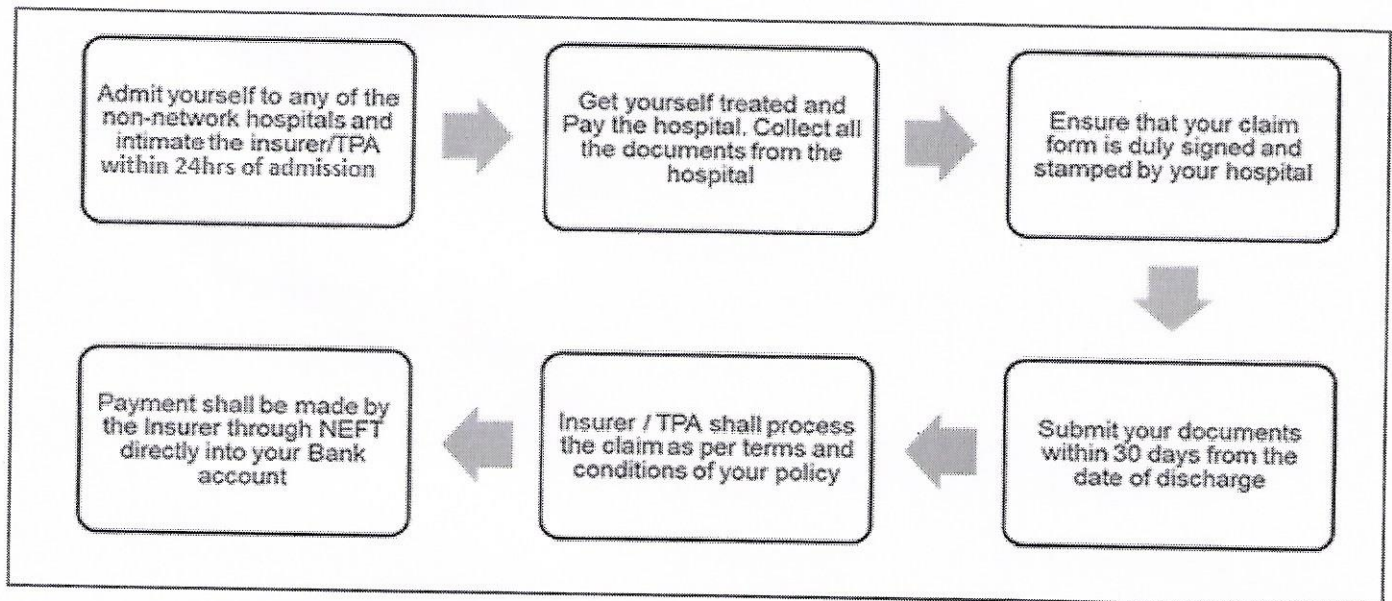
| DATA ELEMENT | DESCRIPTION | FORMAT |
|---|---|---|
| SECTION A - DETAILS OF HOSPITAL | | |
| a) Name of the hospital: | Enter the name of hospital | Name of the hospital in full |
| b) Hospital ID | Enter ID number of hospital | As allocated by the TPA |
| c) Type of Hospital | Indicate whether in network or non network hospital | Tick the right option |
| c) Name of treating doctor | Enter the name of the treating doctor | Name of doctor in full |
| e) Qualification | Enter the qualification of the treating doctor | Abbreviations of educational qualifications |
| f) Registration No. with State Code | Enter the registration number of the doctor along with the state code | As allocated by the Medical Council of India |
| g) Phone No. | Enter the phone number of doctor | Include STD code with telephone number |
| SECTION B - DETAILS OF THE PATIENT ADMITTED | | |
| a) Name of Patient | Enter the name of patient | Name of patient in full |
| b) IP registration Number | Enter insurance provider registration number | As allotted by the insurance provider |
| c) Gender | Indicate Gender of the patient | Tick Male or Female |
| d) Age | Enter age of the patient | Number of years and months |
| e) Date of Birth | Enter date of birth | Use dd-mm-yy format |
| f) Date of Admission | Enter date of admission | Use dd-mm-yy format |
| g) Time | Enter Time of admission | Use hh:mm format |
| h) Date of Discharge | Enter date of Discharge | Use dd-mm-yy format |
| i) Time | Enter time of Discharge | Use hh:mm format |
| j) Type of Admission | Indicate type of admission of patient | Tick the right option |
| k) If Maternity | | |
| i. Date of Delivery | Enter Date of Delivery if maternity | Use dd-mm-yy format |
| ii. Gravida Status | Enter Gravida status if maternity | Use standard format |
| l) Status at time of discharge | Indicate status of patient at time of discharge | Tick the right option |
| M) Total claimed amount | Indicate the total claimed amount | In rupees (Do not enter paise values) |
| SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY) | | |
| a) ICD 10 Code | | |
| Primary Diagnosis | Enter the ICD 10 Code and description of the primary diagnosis | Standard Format and Open text |
| Additional Diagnosis | Enter the ICD 10 Code and description of the additional diagnosis | Standard Format and Open text |
| Co-morbidities | Enter the ICD 10 Code and description of the Co-morbidities | Standard Format and Open text |
| b) ICD 10 PCS | | |
| Procedure 1 | Enter the ICD 10 Code and description of the first procedure | Standard Format and Open text |
| Procedure 2 | Enter the ICD 10 Code and description of the second procedure | Standard Format and Open text |
| Procedure 3 | Enter the ICD 10 Code and description of the third procedure | Standard Format and Open text |
| Details of Procedure | Enter the details of the procedure | Open text |
| c) Pre-authorization obtained | Indicate whether pre-authorization obtained | Tick Yes or No |
| d) Pre-authorization Number | Enter pre-authorization number | As allotted by TPA |
| e) If authorization by network hospital not obtained, give reason | Enter reason for not obtaining pre-authorization number | Open text |
| f) Hospitalization due to injury | Indicate if hospitalization is due to injury | Tick Yes or No |
| Cause | Indicate cause of injury | Tick the right option |
| If injury due to substance abuse/alcohol consumption test conducted to establish this | Indicate whether test conducted | Tick Yes or No |
| Medico Legal | Indicate whether injury is medico legal | Tick Yes or No |
| Reported to Police | Indicate whether police report was filed | Tick Yes or No |
| FIR No. | Enter first information report number | As issued by police authorities |
| If not reported to police, give reason | Enter reason for not reporting to police | Open text |
| SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST | | |
| Indicate which supporting documents are submitted | | |
| SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL | | |
| a) Address | Enter the full postal address | Include Street, City and Pin Code |
| b) Phone No. | Enter the phone number of hospital | Include STD code with telephone number |
| c) Registration No. with State Code | Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality | As allocated by the City Corporation / Municipality |
| d) Hospital PAN | Enter the permanent account number | As allocated by the Income Tax Department |
| e) Number of Inpatient beds | Enter the number of inpatient beds | Digits |
| f) Facilities available in the hospital | Indicate facilities available in the hospital | Tick the right option. If others, please specify |
| SECTION F - DECLARATION BY THE HOSPITAL | | |
| Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. and stamp | | |

आयुर्वेद
48

PROCEDURE FOR AVAILING CASHLESSDOCUMENTS REQUIRED FOR AVAILING CASHLESS

| | |
|-----------------------|---|
| Preauthorization Form | Duly filled, signed & stamped Pre-Authorization Form from the hospital giving complete details of the ailment suffered the line of treatment and the estimated cost of treatment. |
| Investigation Reports | Investigation reports & previous consultation papers/ Admission advice (if any) prior to admission |
| Accident Claims | Copy of MLC/ FIR report in case of Road traffic accidents |
| Photo ID Proof | Photo ID proof such as Aadhar Card / PAN card / Passport / Driving License |
| Health Card | Copy of TPA Health ID card |



PROCEDURE FOR REIMBURSEMENTMANDATORY DOCUMENTS REQUIRED FOR REIMBURSEMENT CLAIMS**List of Mandatory Claims Documents-Reimbursement and Pre/post Claims**

1. Duly signed claim form Part-A and Part-B (To be signed by Hospital)
2. Attested Photocopy of Hospital Registration Certificate - containing registration number, number of beds with and expiry date registration Certificate.
3. Claim intimation copy
4. Original discharge certificate
5. Original final bill with itemize bill breakup
6. Original money receipt
7. All original prescriptions.
8. All original investigation reports
9. Advice for admission/emergency consultation paper
10. Original pharmacy bill containing name of the patient, name of the consulting physician, name of the medicines and quantity along with batch no and expiry date and GST no of medicine shop.
11. Original copy of Implant Invoice along with Payment Receipts & Implant Labels / Stickers for Stents/Mesh/IOL/Pacemaker.
12. Copy of the First Information Report (FIR) from Police Department / Copy of the Medico-Legal Certificate (MLC) in case of Road Traffic Accident (RTA) and other medico legal cases.
13. KYC document: Photo Identity & Address Proof of Insured (E.g., Voter's Identity Card, Driving License, PAN Card, Passport, Aadhar Card).
14. NEFT details: Original cancelled cheque leaf of the employee and copy of front-page passbook



Other specific documents: -

1. Original A-Scan (Biometry) report in case of cataract surgery
2. Original histopathology report for the first claim arising out of Cancer
3. In case late submission a letter from employee stating reason for delayed submission of claim documents beyond 30 days of discharge/completion of post hospitalization treatment.
4. PPN network-Relevant declaration by patient/patient's attendant-where ever applicable



Annexure - 6

| Hosp Name | Hosp Addr1 | Hosp Phone | City Name |
|--|--|--|-----------|
| Pushpanjali Hospital And Research Centre | Pushpanjali Palace , Delhi Gate , Agra | 0562 - 4024000 / 8 | Agra |
| Centre For Sight | Ashoka Plaza, 1st & 2nd Floor, Jawahar Nagar, NH - 2, Bypass Road, Near Omax | 562-4061450/4061451 | Agra |
| Dr Arti Manoj Hospital | Rajpur Chungi | 0562 - 4001156 / 9897139871 | Agra |
| Purshottamdas Savitridevi Cancer Care And Research | 605,NEERAV NIKUNJ,BETWEEN,SIKANDRA-GURUDWARA,GURU KA TAAL | 9395815531 | Agra |
| Nidhi Eye And Multispeciality Hospital | 19F/52/1, JANTA COLONY, SHAHGANJ, AGRA , | 4301773 | Agra |
| Peoples Heritage Hospital Limited | 7/52 A Jawahar Nagar , By Pass Road | 0562 - 2526999 / 3249696 | Agra |
| Deepak Hospital | 130 Manas Nagar Shahganj, Near Sea Cable Head Office , Agra | 0562-3265602 | Agra |
| Vohra Hospitals Private Ltd | #4, Laxman Nagar, Kheria Road, Near Arjun Nagar, Agra | 0562 - 2303221 / 3256333 / 2400500 | Agra |
| Upadhaya Hospital | Shahid Nagar Crossing, Agra | 0562 - 2230311 / 2230344 / 22302285 | Agra |
| Atul Nursing Home | 1/58, Delhi Gate Agra, 282002, Uttarpradesh | 562-4001665/2852792 | Agra |
| Amit Jaggi Memorial Hospital | Vaibhav Nagar, Agra | 0562 - 2330600-604 | Agra |
| Ravi Hospital | 1/55, Delhi Gate Agra | 0562 - 2521511 / 9927700749 | Agra |
| Kumar Nursing Home | Ramghat Road, Aligarh, U.P. | 0571 - 2509400 / 9837394753 | Aligarh |
| Anand Eye Centre | opp. Vikram colony Turn, Near Ganga Jawahar colony Rmghat Road, Aligarh | 0571 - 2741500, 9837160183, 8476990999 | Aligarh |
| Gogi Nursing Home | Ramghat Road | 0571 - 3290303 / 2743000 | Aligarh |
| Prakash Netralaya And Retina Foundation Aligarh | Hig-06, Ramghat Road, Avantika Phase- II | 2740476 | Aligarh |
| Prashant Super Speciality Hospital | Near R.T.O , Ramghat Road | 0571 - 2740738 | Aligarh |
| Central Hospital | Chauraha Masoodabad, G. T. Road, G. T. Road | 0571 - 2421421 / 2421444 | Aligarh |
| Mithraj Multisuperspeciality Hospital | near sports stadium,ramghat road | 8899812345/7669912345 | Aligarh |
| Heart Line Cardiac Care Centre | 14 / 18 , Elgin Riad, Allahabad | 0532 - 2614444 / 2601903 | Allahabad |
| Jeevan Jyoti Hospital | 162, Baika Baug (Lowther Road) | 0532 - 2417248 / 2417252 / 2417254 | Allahabad |
| Saraswati Heart Care And Research Centre | 5/1 , Lowther Road , Dharbhanga Colony | 0532 - 2461096 / 2461882 | Allahabad |
| Mohak Medical And Research Centre Pvt Ltd | 223/1, New Muirabad, Stanley Road, Allahabad 211002, Uttar Pradesh | 225100 / 2251001 | Allahabad |
| Eye Clinic | 77c/90c, K P Kakkar Road, Zero Road | 2563283 | Allahabad |
| Priti Nursing And Maternity Home | 39 , C . Y . Chintamani Road | 0532 - 24687442468745 / 2468746 | Allahabad |
| Maa Sharda Hospital | 84/70 New Berana | 0532 - 2418057 | Allahabad |
| Phoenix Hospital | 49a/163, Ac Banerjee Road, Tagore Town, Near Anand Bhawan And Infront Of | 532-2465514/2465214 | Allahabad |
| Nandini Orthonova Hospital And Trauma Centre | 68/6, C Y Chintamani road, george town | 2465364 | Allahabad |
| Dwarka Hospital | 5/4 , K.P Kakkar Road, Near Chandralok Cinema, Allahabad | 2564788 | Allahabad |
| Shivam Akshayvat Hospital And Trauma Centre | UDYOG NAGAR GROUND NAINI ALLAHABAD | 2696999 | Allahabad |
| Parvati Hospital Pvt Ltd | 126/50-A, Jahawar Lal Nehru Road, Tagore Town, Jawaharlal Nehru Road | 0532 - 2465751 / 61 | Allahabad |
| Bhola Hospital | Dharbhanga Colony, 12/13 Lowther Road | 0532 - 2460048 / 2461737 | Allahabad |
| Jain Hospital | 61, LOWTHER ROAD, ALLAHABAD | 0532-2256135/45 | Allahabad |
| Dwivedi Medical And Research Centre Pvt Ltd | 39/17(9a) Muir Road | 0532 - 2266916 | Allahabad |
| Sapna Hospital | 46-B , Punjabi Colony, Naini, Allahabad | 532-2697130 | Allahabad |
| Vineeta Hospital | 10-3a, Bypass Road | 0532 - 3255790 / 3255791 | Allahabad |
| Deep Ganga Clinic | 8/8 , Mayo Road (Gulati Marg) | 0532 - 2425037 / 3208753 | Allahabad |
| Srijan Vatsalya Hospital Pvt Ltd | 8/1/6, Elgin Road, Civil Lines | 0532 - 2605050 / 2403535 / 2409090 | Allahabad |
| Vatsalya Maternity And Surgical Centrel Pvt Ltd | #6/8, Elgin Road, Civil Lines, L B S Marg, Allahabad | 0532 - 2603544 / 2603540 | Allahabad |
| Ashutosh Hospital And Trauma Center Pvt Ltd | 15/20, HAMIRPUR ROAD, OPP KAMLA NEHRU HOSPITAL, ALLAHABAD | 2465511 | Allahabad |
| Ankur Hospital | 18/26, LAL BIHARA, BAMRAULI, PRAYAGRAJ, | 2580429 | Allahabad |
| Indo Gulf Jan Seva Trust Hospital | Industrial area, Jagdishpur, Distt. Amethi | 255596 | Amethi |
| Glocal Healthcare Systems Pvt Ltd. Ghsp. Amroha | Gularia, Near Electric Sub Station, Pargana | 18001234425 | Amroha |
| Vedanta Hospital,Azamgarh | Billariyaganj road, Lachhimpur | 214466 | Azamgarh |
| Anand Hospital | Mukriganj, Azamgarh | 9452646298 | Azamgarh |
| Drolia Hospital Pvt Ltd | Dighia Gonda Road, Nr Railway Crossing | 05252 - 237888 / 237888 | Bahraich |
| Kedia Hospital | Jail Road, Raipur Raja Bahraich | 05252 - 234008 | Bahraich |
| Dewa Hospital | Dewa Road, Opp Bus Stand, Near Tasty Bite Restaurant, Faizabad Road, Barabanki | 05248 - 222186 / 225743 | Barabanki |
| Jain Nursing Home | Munshi Ganj Barabanki | 05248 - 222411 | Barabanki |
| Surya Orthopaedic Hospital And Truma Centre | Opposite Stadium, Lucknow-Faizabad Road | 05248 - 228990 | Barabanki |
| Nidan Hospital And Research Centre | Near Vijay Nagar Mandir , In Front Of Corporation Bank, Faizabad Road, Barabanki | 05248-220805 | Barabanki |
| K K Hospital And Kidney Centre | A-364, Rajendra Nagar | 581-2585037-39-40 | Bareilly |
| A.K Eye Hospital (P) Ltd. | 1136 SANJAY NAGAR STADIUM ROAD, BAREILLY | 2301511 | Bareilly |
| Dr Ravi Khanna Nbcc | 35-Z-1, Opp. Durga Badi, Rampur Garden, Bareilly | 0581 - 2567403 / 2567404 | Bareilly |
| Dhanwantari Tomer Hospital | 35-A-2/ii, Rampur Garden | 2567601/2567602 | Bareilly |
| Gangasheel Advanced Medical Research Institute | C-17, Deen Dayal Puram, Behind Stadium | 0581 - 2302017 / 2302018 | Bareilly |
| Shri Ganga Charan Hospital | A-2, Rampur Garden, Bareilly | 0581 - 2567403 / 2510083 / 2510140 | Bareilly |
| Kailash Eye Hospital And Laser Centre | A-29, BANKE BIHARI MANDIR ROAD, RAJENDRA NAGAR, BAREILY | 0581-2421670 | Bareilly |
| Dharam Dutt City Hospital | Near Soodharam Kata, Gandhinagar, Pillibhit Road | 0581 - 2543660 / 2549246 | Bareilly |



| | | | |
|---|--|---------------------------------------|-------------|
| Sai Hospital | Stadium Road , Bareilly | 0581 - 2531106 / 9219924488 | Bareilly |
| Khushlok Hospital | Near Sindhi Market, Stadium Road | 2530800 | Bareilly |
| Shri Ram Murti Smarak Institute Of Medical Sciences | 13.2 Km, Barielly-Nainital Road, Bhojipura | 581-2582014-25 | Bareilly |
| Jivan Jyoti Hospital | Indira Mill Chauraha, Chauri Rd., Bhadohi | 227749 | Bhadohi |
| Sanjeevni Nursing Home | Kalagarh Road, Near Punjab National Bank, Indra Nagar, Dhampur, Distt Bijnor | 01334 - 222070 | Bijnour |
| Beena Prakash Hospital | Civil Line Bijnour, Bijnour | 01342 - 262179 | Bijnour |
| Sakri Nursing Home | Near Gandhi Ground | 05832 - 224629 / 320017 | Budaun |
| Mohan Hospital And Heart Centre | Opp. Old Jail, Civil Lines | 5732-253156/286156 | Bulandshahr |
| Garg Hospital | Khurja Tempo Stand, K P Road | 05732 - 257888 | Bulandshahr |
| Rana Hospital | DELHI ROAD BHOOR BULANDSHAR | 233444 | Bulandshahr |
| Jaypee Hospitals Ltd, Chitta | VILLAGE CHITTA, SHIKARPUR ROAD, BULANDSHAHR | 288100 | Bulandshahr |
| Vidya Hosptial | OPP PETROL PUMP RAILWAY ROAD | 2664725 | dadri |
| Geeta Netra Chikitsalya | Aroan Rd, Arya Nagar, Sirsaganj, Uttar Pradesh 205151 | 9997244777 | Firozabad |
| Durga Hospital | Railway Road, Dadri, Near Shiv Mandir, Gautam Budh Nagar, 203207 | 0120-2665563 | Gautam |
| Columbia Asia Hospital | Nh-24, Hapur Road, Bhmeta Village | 0120 - 3989896 | Ghaziabad |
| Atlanta Mediworld | Plot No-Nh-01 Sectore-14, Atal Chowk, Vasundhara | 2882999 | Ghaziabad |
| Sarvodaya Hospital And Trauma Centre | 342, Sec 4 , Vaishali, Ghaziabad | 0120 - 2774739 / 2774821 | Ghaziabad |
| Sparsh Medicare And Trauma Centre | Shakti Khand 3, Plot-54, Indirapuram, Ghaziabad(Up) | 0120 - 3943636 / 2605292 / 9871645813 | Ghaziabad |
| Jeevan Hospital And Stone Centre | Gt Road, Modinagar, Opposite Obc Bank, Modinagar, Distt Ghaziabad | 246838/244320 | ghaziabad |
| Yashoda Super Speciality Hospital | H-1, Kaushambi, Dabur Chowk, Near Anand Vihar Isbt, East Of Delhi, Ghaziabad | 0120 - 4181900 / 277841-44 | Ghaziabad |
| Priyadarshi Hospital And Research Centre Private Limited | Steert No-1, Bank Colony, Near Amber Cinema, Modi Nagar, Ghaziabad | 01232 - 244605 / 242545 | Ghaziabad |
| Gargi Hospital | R-9/182, Raj Nagar | 0120 - 2828922 / 2829922 | Ghaziabad |
| Shreya Hospital | 837, Shalimar Garden Extn-I, Sahibabad | 120-2649444/555 | Ghaziabad |
| Yashoda Hospital And Research Centre Ltd | 3m Nehru Nagar, Ghaziabad | 0120- 2750001-4 / 2706013 | Ghaziabad |
| Aarogya Hospital | Nh-1, Sector 6, Vaishali | 0120 - 4112222 / 4300072 | Ghaziabad |
| Param Jyoti Eye Centre | 16a/Cp-2155, Vasundhara, Ghaziabad | 0120 - 6485561 | Ghaziabad |
| Meenakshi Hospital | B-13, Kaushambi, Near Dabur Chowk | 0120 - 4123330 / 4152741 / 2770202 / | Ghaziabad |
| Paras Hospital | Plot No. 130, Sector-Iv, Vaishali(Ghaziabad) | 0120 - 4624160 / 9999933586 | Ghaziabad |
| Krishna Hospital And Trauma Centre | J-85, Patel Nagar-1 | 0120-2711259 / 9313127592 | Ghaziabad |
| Om Medical Centre | B 209 ASHOK NAGARM, NEAR DDPS GHAZIABAD | 4117572 | Ghaziabad |
| AARADHYA MULTI SPECIALITY HOSPITAL | C-89, Panchsheel Enclave, Opp. Koyal Enclave Bhopura(Ioni road) | 6524444 | Ghaziabad |
| Chandralaxmi Hospital | Plot # 337, Sec-4, Vaishali | 0120 - 2894783 / 24/ 2773670 | Ghaziabad |
| Sarvodaya Hospital And Research Centre | Kj-7, Kavi Nagar, Ghaziabad | 0120 - 2701694 / 2701695 / 2700427 | Ghaziabad |
| Eternity Hospital | 914. Niti Khand-1, Opp. Orange County, Indirapuram | 120-4558400 | Ghaziabad |
| Tej Nursing Home And Surgical Clinic | J-154 Patel Nagar - I | 0120 - 2716223 / 2757097 / 4112518 | Ghaziabad |
| Rama Hospital And Resaerch Centre | Nh-24, Hapur-Delhi Highway, 38 Milestone, Pilkhuwa, Hapur | 7042506847 | Ghaziabad |
| Shakuntala Hospital | Near Vijaya Bank , Bank Colony , G.T Road, Modinagar | 1232-231220 | ghaziabad |
| Avantika Hospital | 137, Niti Khand li, Near Swarn Jayanti Park, Indirapuram, Ghaziabad | 120-2606686/9811790946 | Ghaziabad |
| Max Super Speciality Hospital, Vaishali (A Unit Of Crosslay | W-3 Sec 1 , Vaishali , Ghaziabad | 0120 - 4173000 / 4188000 | Ghaziabad |
| Shroff Eye Centre | 509, K.M Trade Tower, Radisson Blu Hotel, Sector-14, Kaushambi, Ghaziabad, | 4410999 | Ghaziabad |
| Shri Tirupati Hospital | Ke-2 Kavi Nagar Near Chaudhary Bhawan | 2782103 | Ghaziabad |
| Bhuvika Medicare | B 194 A , LOHIA NAGAR. GHAZIABAD --201001 | 4578828 | Ghaziabad |
| Ganesh Hospital | lind-C/3, Nehru Nagar, Ghaziabad | 0120 - 4183900 / 2792810-11 | Ghaziabad |
| Ambay Hospital | No. 1, Lajpat Nagar, Sahibabad, Near St. Thomas School | 9310408164 | Ghaziabad |
| Narinder Mohan Hospital & Research | Mohan Nagar, Ghaziabad | 2657501/9 | Ghaziabad |
| Pannalal Shyamlal Hospital | li F/172, Ambedkar Road, Kalka Garhi Chowk, Ghaziabad | 0120 - 2798876 / 2798886 | Ghaziabad |
| Manav Hospital And Laser Eye Centre | B Block , Near Sbi Bank, Kavi Nagar | 2752699 | Ghaziabad |
| Dev Eye Centre | R-10 Vakil Colony, Sec-12 Pratap Vihar, | 9871714798 | Ghaziabad |
| Om Arpan Nursing Home | MAIN ROAD,ANIL VIHAR KHODA COLONY, | 2491053 | Ghaziabad |
| Shree Narayan Hospital | Plot No 889, Nitikhand 1, Indirapuram, Ghaziabad, Uttarpradesh, Indirapuram | 4158008 | Ghaziabad |
| Astha Hospital | R-11, Sec 12 , Vakeel Colony , Pratap Vihar, Ghaziabad, Uttar Pradesh | 2840892/2840893 | Ghaziabad |
| Prem Dharam Hospital And Diagnostics | Sec - 10d/180, Vasundhara, Ghaziabad, Uttarpradesh, 201012 | 4127778/6573131 | Ghaziabad |
| Drishhti Eye & Ent Care | Plot No 8, Vaishali | 4965656 | Ghaziabad |
| Shankar Lal Hospital Pvt Ltd | 2/6, Daulatpura, G T Road, Near Pawan Cinema Ghaziabad | 6518814 | Ghaziabad |
| Tewari Eye Centre | Plot No 699, Sector 5, Vaishali Opp Ramprastha Green | 2770654 | Ghaziabad |
| Sunetra Eye Centre | Kc-120, C-Block Market Kavi Nagar | 124-4233366 | Ghaziabad |
| Amicare Hospital Indirapuram | plot no 15/16, nyay khand-1, near Indirapuram Public School, Indirapuram | 2606007/8 | Ghaziabad |
| Lyf Hospital (A Unit Of Indirapuram Hospital Pvt Ltd) | NH-4, Gyan Khand- 1, Indirapuram | 4504100/4504101 | Ghaziabad |
| Kamal Hospital | Ka-Block, Opp. Wave Cinema, Kaushambhi, Ghaziabad | 0120-47538888,2770431 | Ghaziabad |
| Shanti Gopal Hospital | Plot No Nh-1, Ahinsakhand-II, Indirapuram | 0120 - 477001 | Ghaziabad |
| Lokpriya Hospital | NEAR AMBER CINEMA G T ROAD MODINAGAR | 247555 | ghaziabad |



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| Jagmohan Multispeciality Hospital | E-10, rameshwar park khajuri pushta road, loni, ghaziabad | 9999442775 | Ghaziabad |
| Healing Tree Hospital | 30/1 SHAKTI KHAND 3 INDIRAPURAM | 9910234953 | Ghaziabad |
| Navin Hospital (A Unit Of Navin Meditech Pvt. Ltd.) | NH-1, Sector-3, Vaishali | 6517172/6517173 | Ghaziabad |
| Satish Chandra Pandey Memorial Hospital Pvt Ltd | Near Dukh Haran Nath Mandir , Station Road | 222583/223190 | Gonda |
| Shahi Global Hospital | Buddh Vihar Commercial, Near Taramandal Police Chowki, Taramandal, Gorakhpur | 2230390 | Gorakhpur |
| J P Hospital | Humayunpur (South), Humayunpur (South) | 2332593 | Gorakhpur |
| Star Hospital Pvt Ltd | Vindhwasmi Nagar Bank Road | 0551 - 2337989 / 2339812 / 2337212 | Gorakhpur |
| Anandlok Hospital | 7a, Nathmalpur, Gorakhnath | 551-2255803/2256802 | Gorakhpur |
| M M Nursing Home | 33-Kaisa Road, Gorakhpur | 0551 - 2203215 | Gorakhpur |
| Satya Hospital & Maternity Centre | C/1 40, Budh Vihar, Commercial Taramandal Gorakhpur | 9721095309 | Gorakhpur |
| Sri Sai Netralaya | 10 No. Boaring, Sonauli Rd, Gorakhnath, Gorakhpur, Uttar Pradesh 273015 | 7081231047 | Gorakhpur |
| New Udai Medical Centre Pvt Ltd | Gandhi Gali, Golghar, Gorakhpur, | 2200309 | Gorakhpur |
| Yatharath Wellnes Hospital And Trauma Centre | 32, Omega-I, Near Senior Citizen Apartment, Gr. Noida, Up | 9910290335 | Greater noida |
| Navin Hospital | Railway Road Dadri | 0120 - 2665209 / 2053124 | Greater noida |
| Navin Hospital | Nh-3, Pocket -F , Sec -Alpha -li , Greater Noida | 0120 - 2321040 / 2321050 | Greater noida |
| Astha Hospital | Nh-05 , Block I , Alpha 2, Greater Noida, Gautam Budh Nagar | 0120 - 4291444 / 4291555 / 41291777 | Greater noida |
| Promhex Multi Specialty Hospital | NH-34, Sector -Omega -1/ P-2 | 9810858628 | Greater noida |
| Green City Hospital | Nh-17, Delta-I, Gautam Budh Nagar, Opp. Wipro India Ltd | 0120 - 2320260-61 | Greater noida |
| Kailash Hospital Ltd | A-101, New Ashok Nagar, Greater Noida, 23, Institutional Area | 0120 - 2322222 / 2321111 | Greater noida |
| Sharda Hospital | 32 & 34 Knowledge Park-3 | 2333999 | Greater noida |
| Gs Medical College And Hospital | NH-24, railway Station, near Pilkua, hapur | 24694308 | Hapur |
| Hardoi Nursing Home | 34, Hardoi Ganj | 0582 - 232555 | Hardoi |
| Bundelkhand Hospital | BY PASS ROAD | 274015 | Jalaun |
| Vijay Laxmi Nursing Home | LAXMI COMPLEX, JAYCEES CHAURAHA, AZAMGARH ROAD, JAUNPUR. | 262610 | Jaunpur |
| Kunwar Das Sevasharam Hospital | 702, Vishesharpur Sheetla, Chaukia, Azamgarh Road, Jaunpur | 263982 | Jaunpur |
| Isha Hospital | Umarpur, Haribandhanpur, Near City Station, Mariahu Parav | 5452-222509/08004043870 | Jaunpur |
| L R M Jain Hospital | 95/7-2, Civil Lines, Jhansi | 0510 - 2443080 / 09415031320 | Jhansi |
| Jhansi Orthopaedic Hospital & Research Centre | KAIMASAN NAGAR, Opp Bundelkhand university, Kanpur Road, JHANSI | 2320686 | Jhansi |
| Kilkari Hospital | NEAR PARAG DOODH DIARY, KANPUR , LUCKNOW ROAD, JHANSI | 9628298280 | Jhansi |
| Laxmi Devi Kishan Chand Memorial Hospital Pvt Ltd | 150 & 157, Ratanlal Nagar | 512-2280370/2280478 | Kanpur |
| Royal Cancer Institute And Research Centre | 113/103a, Swaroop Nagar | 512-3048010/9415075160/840033105 | Kanpur |
| Bhargava Medical And Trauma Centre | 30-E, "O" Block, Kidwai Nagar | 0512 - 2600580 / 8932889900 / | Kanpur |
| Krishna Super Speciality Hospital | 363, Harrisganj, Near Tatmili Chauraha | 0512 - 2320071 / 2320061 / 8400002377 / | Kanpur |
| P P M Medical Centre Pvt Ltd | 127/194, W-1 Saket Nagar , Kanpur | 0512 - 2601400 / 2601444 | Kanpur |
| Kanpur Medical Centre Pvt Ltd | 120/500(24), Lajpat Nagar | 0512 - 2295152 / 2295520 / 2297130 / | Kanpur |
| North Star Hospital | 25/11 Canal Road | 0512 - 2303500 / 01 | Kanpur |
| Deys Hospital | 491, Kazi Khera , Lal Bangla | 0512 - 2401553 | Kanpur |
| Mahaveer Hospital And Trauma Centre | 76 E, Station Road, Panki , Kanpur | 8896431602 | Kanpur |
| Bhargava Hospital | # 15 / 263, Civil Lines, Kanpur | 0512 - 23044500 / 2330333 / | Kanpur |
| Madhulok Hospital | 628, K Block , Kidwai Nagar | 0512 - 2641400 / 2610503 | Kanpur |
| Anurag Healthcare Pvt Ltd | 117/Q/702-A, Sharda Nagar Rd, Near Chhapera Pulia, Sharda Nagar, Kanpur, | 2584480 | Kanpur |
| Abha Nursing Home Pvt Ltd | 10 / 503 -B , Allenganj Tilak Nagar | 512-2559528/3923545 | Kanpur |
| Spm Hospital Research And Trauma Centre | C-46-56, Opposite Kalyanpur Police Station, G T Road, Kalyanpur | 8090001631 / 32 | Kanpur |
| Vaishnavi Hospital | A 2447, Awasth Vikas, Hanspuram, Naubasta, Kanpur | 0512-2626699 | Kanpur |
| Brij Medical Centre Pvt Ltd | 94, E-Block, Panki, Kanpur | 0512 - 2262150 / 2262861 / 2263399 | Kanpur |
| Prakhar Hospital Private Limited | 8/219, Arya Nagar, Kanpur, 208002 | 512-2541800/9918002225 | Kanpur |
| Eye Q Super Specialty Eye Hospitals -Kanpur | 113/57, Swaroop Nagar, Next To Allahabad Bank, Opp Motijheel | 6050109, 3083291/92 | Kanpur |
| The Panacea Multi Super Specialty Hospital, Kanpur | 117/473, Block- L, Kakadev | 2501355 | Kanpur |
| Shree Ram Nursing Home Private Limited | 128/817, K Block , Kidwai Nagar | 0512 - 2611924 / 2602303 | Kanpur |
| Regency Hospital | A-2, Sarvodaya Nagar, Kanpur | 0512 - 2242201 / 2242201 / 03/04 - 10 | Kanpur |
| Emerald Multispeciality Hospital | 438 h-2, Kidwai Nagar, Kanpur, Uttar Pradesh | 2601050 | Kanpur |
| Swaroops Surgical Nursing Home | 14/5, Civil Lines, Gwaltoli, Oppsite Victoria Mill | 2530079 | Kanpur |
| Saral Nursing Home | Lal Bangla (Opp Thana Chakeri) | 0512 - 2402121 / 2402200 | Kanpur |
| Metro Hospital | 10-A, LAKHANPUR, G.T. ROAD | 2581313 | Kanpur |
| Asg Hospital, Kanpur | Plot no 302, Block- HNS, Harinath Scheme, Forst Shastri Nagar | 3222722/3222822 | Kanpur |
| R K Devi Memorial Hospital | 113/157 Swarup Nagar | 512-2534984/2534979 | Kanpur |
| Chandni Hospital Pvt Ltd | 9/60, Arya Nagar | 0512 - 22183078 / 2551185 / 2551885 | Kanpur |
| J L Rohatgi Hospital | 117/52 , Sarvodaya Nagar , Kanpur | 0512 - 2297605 / 2297234 | Kanpur |
| Priya Hospital | D-25 Barra World Bank | 0512 - 2682020 / 2682030 | Kanpur |
| Globus Hospital For Joint Replacement | 117/N/33, A-1 Market, Kakadeo, Kanpur, 208025 | 512-2501444/2501555 | Kanpur |
| Khairabad Eye Hospital | Swaroop Nagar | 0512 - 3292447 / 2525221 | Kanpur |



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| Sis Memorial Nursing Home | H-96, DOUBLE ROAD, SATYAM VIHAR AWAS VIKAS NO.1, OPP. SANT KUTI | 3232532 | Kanpur |
| Sharma Nursing Home | 113/340, SWAROOP NAGAR | 2545000 | Kanpur |
| Aaradhya Eye Hospital | 11, W-2, Juhi Kalan, Damodar Nagar, near Barra By Pass, Police Chowki, Kanpur, | 6307779269 | Kanpur |
| Centre For Sight -- Kanpur (A Unit Of New Delhi Centre For | 1ST AND 2ND FLOOR, CANAL EXPRESS, NORONHA CHAURAH, MALL RAOD, | 2989272 | Kanpur |
| Fortune Hospital | 117/Q/40-A, SHARDA NAGAR, KANPUR, UTTAR PRADESH | 2685858 | Kanpur |
| Sankar Karthik Netralaya | 14/73, 1ST FLOOR, CIVIL LINES, VIP ROAD, KANPUR, 208001 | 6390007621 | Kanpur |
| Apollo Spectra Hospitals | 14/138, Chuuni Ganj, Mall Road | 3922780 | KANPUR |
| G.R.Hospital | 1180, ARYA NAGAR, KOSI KALAN, DIST -- MATHURA | 7088385458 | Kosi Kalan |
| Rama Superspeciality Hospital | A-1/8, Lakhnpur, Kanpur | 0512 - 2584223 / 25 / 26 | Lakanpur |
| Divine Heart Hospital And Research Centre | Vineet Khand-Ii, Gomti Nagar | 0522 - 2721991 / 2726473 / 2725548 / | Lucknow |
| Dr. Subodh Agarwal Memorial Eye Hospital | 21/31, 3 C, Tilak Marg, Opp Rana Pratap Marg | 0522 - 2202253 / 2202254 | Lucknow |
| Brijraj Hospital | Tehseenganj Crossing, Hardoi Road, Lucknow | 0522 - 2257746 | Lucknow |
| Sewa Hospital And Research Centre | Sitapur Road, Sewa Nagar | 2734551 | Lucknow |
| Mayo Medical Centre | Vikas Khand-2, Gomti Nagar, Lucknow | 0522 - 2398614 / 15 | Lucknow |
| Ajanta Hospital And Ivf Centre Pvt Ltd | #765, Abc Complex, Kanpur Road, Alambagh | 0522 - 2462335 / 2509681 / 2465107 / | Lucknow |
| Chandra Mother And Eye Care | 4/43, Vivek Khand, Opp Central School, Gomti Nagar | 0522 - 2397677 / 2397757 | Lucknow |
| Javitri Hospital | Telibagh, Raibarelli Road, Lucknow, Telibagh, Raibarelli Road, Lucknow | 0522 - 2440686 / 2440526 | Lucknow |
| Abhinav Drishti Eye Hospital | B-719, Sec C, Mahanagar | 0522 - 2335122 / 2335144 | Lucknow |
| Forrd Hospital | 1/2 Vikas Khand, Gomti Nagar | 0522 - 2300024 / 8 | Lucknow |
| City Hospital And Trauma Centre | C-1 Cinder Dump Complex Opp Krishna Cinema Hall Kanpur Road Alambagh | 0522 - 2463301 / 2463302 | Lucknow |
| Sahar Hospital | 6, Nabiullah Road, River Bank Colony near Playway School City Station | 6534119 | Lucknow |
| Apollo Medics Super Speciality Hospitals | Plot no. KBC, 31, Kanpur - Lucknow Rd, Sector B, LDA Colony, Lucknow, Uttar | 6788888 | Lucknow |
| Mansarover Eye Hospital | 47/53 Vidhan Sabha Marg Opp Akashwani, Lucknow | 0522 - 2628655 / 2201717 | Lucknow |
| Susanjeevani Hospital And Maternity Centre | B1/7 MAHANAGAR EXTENSION KAPOORTHALA | 2331788 | Lucknow |
| Avadh Hospital | 9-D, Singar Nagar, Kanpur Road, Lko | 0522 - 2461116 / 2454922 | Lucknow |
| Lucknow Hospital | B-1, Sindhu Nagar, Behind Krishna Nagar Kothwali, Kanpur Road, Lucknow - | 0522 - 2470855 / 2471013 | Lucknow |
| Sushrut Institute Of Plastic Surgery Burns And Trauma | 29, Shahmeena Road | 522-2258884-88 | Lucknow |
| Divya Jyoti Netralaya Pvt Ltd | 2/125, Vishal Khand, Gomti Nagar, Lucknow, Uttarpradesh | 4004900/4015599 | Lucknow |
| Charak Hospital And Research Centre | Dubagga, Hardoi Road | 522-2409820 | Lucknow |
| Udyaan Health Care | 730, Udyan - 1, Eldeco, Near Bangla Bazar Opp Awho. | 0522 - 2447498 / 2325310 | Lucknow |
| Rajchandra Hospital And Research Centre | 4, 8- Damodar Nagar, Vip Road, Alambagh, Lucknow | 522-2465610 | Lucknow |
| Shekar Hospital | B, Block Church Road, Indira Nagar, Lucknow | 0522 - 2352352 / 2352353 | Lucknow |
| Sahara Hospital | Viraj Khand, Gomti Nagar | 0522 - 6780001 / 02 / 03 | Lucknow |
| Garg Ophthalmic Centre | B 54, NIRALA NAGAR, LUCKNOW | 2789195/2788378 | Lucknow |
| Vivekanand Polyclinic | Vivekananda Puram, Ramakrishna Mission Sevashram, Vivekanad Puri, Lucknow | 0522 - 2321277 / 2328942 | Lucknow |
| Chandan Hospital Limited | FAIZABAD ROAD, NEAR CHINHAT FLYOVER, VIJAYANTKHAND, GOMTI NAGAR, | 6666666 | Lucknow |
| Lucknow Healthcity Trauma Centre And Superspeciality | NH A & B, VIJAY KHAND - 2, GOMTI NAGAR, LUCKNOW | 2304177/2304377 | Lucknow |
| Rajendranagar Hospital | No 74, li Street Rajendar Nagar | 0522 - 2693600 / 2693652 | Lucknow |
| Shriram Memorial Hospital | A-1030, Shalimar Crossing | 4068210 | Lucknow |
| Prakash Netra Kendr | Nh-2, Vipul Khand-4, Gomti Nagar | 4033000/4046700 | Lucknow |
| Aastha Maternity And Laparoscopy Centre | A-1654,1655,SECTOR-I, LDA COLONY, ON ROAD TO VISHAL MEGA MART, NEAR | 4070369 | Lucknow |
| Shalimar Hospital And Trauma Centre | A-969 (Near Shalimar Crossing) Indra Nagar, Lko, A-969 (Near Shalimar Crossing) | 0522 - 2310185 / 2310227 / 09335067042 | Lucknow |
| Eye Max Eye Hospital | 1st Floor, A-1/4, Kapoorthla, Sector A, Aliganj, Lucknow, Uttar Pradesh 226021 | 8881622888/8881206888 | Lucknow |
| Sushma Hospital And Research Centre Pvt Ltd | CP - 102, SECTOR - 8, FAIZABAD ROAD, INDIRA NAGAR | 904888851 | Lucknow |
| Eye Q Super Speciality Eye Hospital In Association With | B 60, SECTOR B, ALIGANJ, LUCKNOW, UTTAR PRADESH, 226020 | 9717292625 | Lucknow |
| Eye Q Vision Pvt Ltd | SURAJ SQUARE, FIRST FLOOR, 3/299, VISHAL KHAND, GOMTI NAGAR | 9717292625 | Lucknow |
| Surgical And Maternity Centre Ahuja Hospital | # 4/488, Vivek Khand, Near Patrakarpuram Chauraha | 0522 - 2391760 / 2398303 / 2387077 | Lucknow |
| Medanta Lucknow | SECTOR A, POCKET -- 1, SUSHANT GOLF CITY, AMAR SHAHEED PATH, LUCKNOW | 4257900 | Lucknow |
| Paarth Eye Hospital And Retina Centre | H1/54, Ganpati Complex, First Floor Opposite Hotel Cosmos, Raebareli road, | 8353949191 | Lucknow |
| Gopi Krishna Hopsital | General Ganj, Mathura | 0565 - 2550450 / 2410011 / 2550804 | Mathura |
| K D Medical College Hospital And Research Centre | 24 KM MILESTONE, MATHURA DELHI ROAD, NH-2, P.O. AKBAR PUR | 2704121 | Mathura |
| Nayati Multi Super Speciality Hospital, Mathura | near cng pump, NH- 2, Delhi-Agra highway, gayatri tapo bhoomi | 7111562 | Mathura |
| Brij Nursing Home | NATIONAL HIGHWAY -2, KOSI KALAN | 6396758676 | Mathura |
| Jaswant Rai Speciality Hospital | Opp. Sports Stadium, Mawana Road | 121 - 2667898 / 2663887-8 | Meerut |
| Drishti Eye Foundation | 1st Floor Tirupati Plaza opp citi Centre Meerut | 2652233/4010233 | Meerut |
| S M Hospital | A-15, SHASTRI NAGAR, GARH ROAD, MEERUT | 8476881009 | Meerut |
| Hope Hospital | 200, W. L. Road, Opp. Tyagi Hotel | 2662600 | Meerut |
| Dr Sandeep Mithal Advanced Phaco Refractive And Vitreo | 125, Eastern Kutchery Road, Shivaji Road, Meerut | 2641133, 9259745922 | Meerut |
| Cfs Netralaya Pvt Ltd | Opposite Nas College, E K Road, Meerut | 0121 - 2648870, 2641531 | Meerut |
| Tulsi Hospital | Dblock Samrat Palace, Garh Road, Meerut, Dblock Samrat Palace, Garh Road, | 0121 - 2763117 / 446 | Meerut |
| Anand Nirogdham Hospital Pvt Ltd | A- 1, Damodar Colony Garh Road, Meerut | 0121 - 2792000 / 4016611 / 2666611 | Meerut |



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| Kailashi Superspeciality Hospital | C-2, Shradhapuri, Phase II, Kankarkhera, Meerut | 2632225 | Meerut |
| Dayanand Nursing Home | No. 47/L-4, Jawahar Quarters, Begum Bridge Road | 2664894 | Meerut |
| Eves Hospital | Eves Crossing, Hapur Road, Meerut | 0121 - 2525667 / 2420660 / 9897042842 | Meerut |
| Prakash Eye Hospital And Laser Center | Garden House Colony, Opp. Hotel Harmony Inn, Garh Road, Meerut | 9837897788 | Meerut |
| Dhanvantri Jeevan Rekha Ltd | # 1, Saket, Meerut, Up-250003 | 0121 - 2648151 / 52 | Meerut |
| Kmc Hospital And Research Centre(A Unit Of Kamna | 187, Baghat Road, Meerut -- 250002 | 4002111/112/113/114 | Meerut |
| Metro Hospital And Heart Institute | 47/G-5, Boundary Road, Lal Kurti, Meerut Cantt | 0121 - 2665033 / 41 / 42 / 44 | Meerut |
| Sds Global Superspeciality Hospital | Nh-58, Modipuram, Opp Agriculture University, Meerut | 7055004223 | Meerut |
| Agrawal Eye Hospital | 61, Shivaji Road | 0121 - 2640646/2650642/9719843433 | Meerut |
| Parvati Polyclinic And Nursing Home | Chibbi Tank, Meerut, Chibbi Tank, Meerut | 0121 - 2663047 / 2642235 / 9837033579 | Meerut |
| Popular Medicare Ltd. Unit Mirzapur | 243/3, Near Natwan Police Booth, Jangi Road, Mirzapur | 245047/48 | Mirzapur |
| Teerthankar Mahaveer Hospital And Research Centre | Nh-34, Delhi Road, Bagarpur, Pakwara | 591-2476820 | Moradabad |
| Sri Sai Hospital | Loco Bridge, Delhi Road | 0591 - 2480719 / 720 | Moradabad |
| Centre For Sight | At Vivekanand Hospital, Kanth Road, Moradabad | 0591 - 2452405 / 06 / 07 | Moradabad |
| Cosmos Hospital | Premnagar Post, Kazipura, Kanth Road | 2555500/50 | Moradabad |
| C.L. Gupta Eye Institute | RAM GANGA VIHAR, PHASE 2, MORADABAD | 2477800 | Moradabad |
| Apex Hospital | DELHI ROAD, MORADABAD, 244001 | 2971200 | Moradabad |
| Apollo Laser Eye Hospital | 5, AWAS VIKAS COLONY, NEAR PILI KOTHI, KANTH ROAD, MORADABAD, 244001 | 2426889 | Moradabad |
| Asian Vivekanand Superspeciality Hospital | KANTH ROAD, MORADABAD | 255 1100 | Moradabad |
| Siddh Hospital | Industrial Estate, Kanth Rd, Harthala, Moradabad, Uttar Pradesh 244001 | 297211 | Moradabad |
| J J Nursing Home | Ali Nagar, Mughalsarai | 05412 - 253565 / 9335314858 | Mughalsarai |
| Swarup Eye Centre | ABOVE PNB BANK, COURT ROAD, MUZAFFARNAGAR, UTTAR PRADESH | 0131-2623700/3290750 | Muzaffarnagar |
| Eye Q Super Speciality Eye Hospital | First Floor Above Axis Bank Ltd, 171 Civil Lines, Court Road, Muzaffarnagar | 0131-2622900, 9917822200 | Muzaffarnagar |
| Ganga Ram Hospital | Sadar Bazar, Muzaffarnagar | 2402202 | Muzaffarnagar |
| Gupta Nursing Home And Laparoscopy Centre | 34/31 Shyam Niwas, Mahavir Chock, Muzaffar Nagar | 0131 - 2621020 / 3290777 | Muzaffarnagar |
| Fortis Hospital | Fortis Hospital P Ltd, B-22 Sector-62 Noida Up | 0120 - 2400222 | Noida |
| Apollo Hospitals | E-2, Sector - 26, Noida | 0120 - 4012000 / 245353 | Noida |
| Felix Hospital | NH-1, Sector 137, Noida Expressway | 7835999444 | Noida |
| Dipakshi Nursing And Maternity Home Pvt Ltd | C-53 A, Sec-33, Noida | 0120 - 2505328 / 29 | Noida |
| Sumitra Hospital | A-119a, Sec 35 Noida | 0120 - 2507725 / 2507625 | Noida |
| Bhardwaj Hospital | Nit- 1, Sec-29, Opp. Ganga Complex | 0120 - 2450111 / 222 / 333 / 9811666123 | Noida |
| Icare Charitable Eye Hospital | E-3a, Sector -26, Noida, Gautam Budh Nagar | 0120 - 2477621 / 2477600 / 9811880015 / | Noida |
| Yatharth Wellness Hospital And Heart Centre | Plot No 1, Sector-110 | 120-2973332/330 | Noida |
| Noida Medicare Centre Ltd | 16c, Block -E, Sector-30, Noida, Gautam Budh Nagar (Up) | 0120 - 4665555 / 2453809 | Noida |
| Neo Hospital | D 170 A, Sector 50 | 4880000-98 | Noida |
| Tripathi Hospital Pvt Ltd | Nh-1a, Sector 119, Noida--201306 | 9711621080/9711621081 | Noida |
| Vinayaka Hospital | Nh-1, Sec-27, G B Nagar | 0120 - 2444222 / 333 / 2541337 / 38/39 | Noida |
| Shri Ram Singh Multi Speciality Hospital | ikas marg, opposite OIDB bhawan, sector-70 | 8971172563 | Noida |
| Prakash Hospital Pvt Ltd | D-12, Sector 33, Opp. Ntpc Office, Noida | 0120 - 2505264 / 65 / 67 / 68 | Noida |
| Metro Hospitals And Heart Institutes | X-1, Sector - 12, Noida -U.P. | 0120 - 2533491/ 2444466 / 4366666 / | Noida |
| Metro Multi Speciality Hospital | L-94, Sector 11, Noida | 0120 - 2522959 / 2522056 | Noida |
| Life Care Hospital | E-1, Sec-61 | 120-6516161 | Noida |
| S J M Superspeciality Hospital | Plot No 2, Near Shani Mandir, Hindon Bridge, Nh24, Sector 63, Noida, Uttar | 2419900 | Noida |
| Sharma Medicare Pvt Ltd | Nh 19 A, L Block, Delta II, Greater Noida, 201308 | 2326666 | Noida |
| Itek Vision Centre | B-1A/22, Grounf Floor Sec-51, | 0120-4288757 | Noida |
| A M Vein Research Institute Pvt Ltd | A-73, Sector -35, Noida | 0124 - 2506789 / 8826588244 / | Noida |
| Jaypee Hospital | Sector 128, Noida, 201304, Uttarpradesh | 0120 - 4122222 | Noida |
| Surbhi Hospital | Near City Centre Metro Station, Golf Course Road, Morna, Sector 35, Noida, Up | 0120 - 2508841 / 42 / 45 / 8750044324 | Noida |
| Kailash Hospital And Research Centre Ltd | H-33, Sector-27, Noida, Up | 0120 - 2444444 / 2445566 | Noida |
| Shivalik Medical Centre | Main Road, Hoshiyapur, Sector 51, Noida (Gb Nagar) | 0120 - 2485500 / 2485540 / 9910401559 | Noida |
| Indo Gulf Hospital | B-498a, Sector- 19, Opposite Hotel Fortune | 120-4752300-99 | Noida |
| New Balaji Hospital | PLOT NO 734, HALDAUNI MORE, MAIN DADRI ROAD, GREATER NOIDA, UTTAR | 8285124441/2/3 | Noida |
| Goodwill Hospital Research Centre Ltd | D 141 (A & B), Sector 40 | 0120 - 2500611 / 711 / 4635777 | Noida |
| Eye Health Clinic | A-118, Sec 61, Behind Shopprix Mall | 0120 - 4228663 / 64 | Noida |
| Manas Hospital | A-93, Sector 34, Noida, Uttarpradesh | 2506622 | Noida |
| Prayag Hospital Research Centre P Ltd | J-206 A/1 Sector-41 Noida | 0120 - 4021900 / 2574091 | Noida |
| Satya Medical Centre | A-98a, Sector-34, Noida | 0120 - 4217808 / 9810495424 / 2507020 / | Noida |
| Tirupathi Eye Center | C-53c, Sector-33, Noida | 01204242642 | Noida |
| Vision Plus Eye Centre | KISAN TOWER GOLF MARG | 8003131341 | Noida |
| Yatharth Super Speciality Hospital Noida Extension | HO-01, Noida Extension, Sector 1, Greater Noida | 9999999999 | Noida |
| Sahdeo Hospital | NH-33, OMEGA I | 6595929 | Noida |



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| Dristi Eye Foundation | A-9x/8CA Kalyani Station Road, Kalyani | 7003875807 | Noida |
| Simhans Hospital | #551 - Civil Judges Lane | 0532 - 2208571 / 2205566 | Raebareli |
| Narayan Hospital And Trauma Centre | Opp Ran Public School, Bilaspur Road, Village Bharatpur, P.O | 241300 | Rampur |
| Eye Q Super Specialty Eye Hospitals -Saharanpur | Sadar Thana Road, Hakikat Nagar Mod Saharanpur | 9359739504 | Saharanpur |
| Prankur Nursing Home Pvt Ltd | Mahipura Dehradun Road, S R E | 1327-2661254 | Saharanpur |
| Saksham Hospital | Delhi Road, Saharanpur | 0132 - 2761092 / 2762276 | Saharanpur |
| Shanti Eye Hospital | Opp Subzi Mandi, Near Dig Residence, Delhi Road | 0132-2960406 | Saharanpur |
| Medigram Superspeciality Hospital | 7th KM milestone, Chunhaiti, delhi Road | 2764100 | Saharanpur |
| Bohra Speciality Hospital And Trauma Centre | Shamli , Distt M Nagar | 01398 - 250602 / 9837783966 | Shamli |
| Navin Hospital | PLOT NO 302-303, NEAR COLD STORAGE, DADRI SIKANDRABAD ROAD, | 8006082222 | Sikandrabad |
| Sethi Hospital | Station Road, Near Regency School, Near Hotel Mayur, Sitapur | 05862 - 245091 / 9235405797 | Sitapur |
| Sahara Hospital & Surgical Center | Bypass Road, Gandhi Nagar, Ward-06, Robertganj | 7068024796 | Sonebhadra |
| Mother And Child Care Centre | Near Kalyangiri Mandir, Hardoi Rd, Thakurganj, Hardoi Road | 522-2404300/2404522 | Thakurganj |
| Jagdish Prasad Nigam Memorial Hospital Pvt Ltd | 933 Adarsh Nagar | 0515 - 2824114 | Unnao |
| Subhi Hospital And Trauma Centre | 464, Sekhpur Ward No 9, Unnao, Uttarpradesh | 9794131075 | Unnao |
| J P Nursing Home | DLW Road, Kakarmatta | 0542 - 2300456 / 3290279 | Varanasi |
| Ayushman Hospital And Trauma Centre | J 25/59, Alaipura, G.T. Road | 2214277 | Varanasi |
| Pmc Hospital Pvt Ltd | B-1/3-12, Ravindrapuri Extn, Durgakund, Varanasi-221005 | 6593222/6593111 | Varanasi |
| Popular Medicare Ltd | N-10/60, A-2, Near Kakarmatta Railway Crossing, Varanasi. | 0542 - 2300258 / 9335048723 / | Varanasi |
| Meridian Nursing Homes Hospital Pvt Ltd | Opp Power House , Ledupur, Ashapur | 0542 - 2591300 | Varanasi |
| Jamuna Sewa Sadan And Research Centre | S-15/47, Panchkoshi Road (Behind Thana Shivpur) | 542-2283800 | Varanasi |
| Ashirvad Hospital And Research Centre | B 38/1-C , Virdopur, Mahmoor Ganj | 0542 - 2360146 | Varanasi |
| B K Heart Hospital Pvt Ltd | N-7/1-R-12 Bhikharipur Newada DLW -Bhu Road Varanasi | 2316129 | Varanasi |
| Umaprem Netralay | In Front of Apex Hospital, DLW, Hydil Road | 6061000 | Varanasi |
| Shubham Hospital | S-8/108-F-5A, Maqbool Alam road, near income tax office, khajuri | 2502440/41/42/43 | Varanasi |
| Apex Hospital | D.L.W. Hydil Road | 0542 - 2317414 / 2317526 | Varanasi |
| Alliance Hospital | C 20/1-73, Ramakant Nagar Colony | 2401824 | Varanasi |
| Asg Hospitals Pvt Ltd | GROUND FLOOR, CORPORATE PLAZA, GOPAL VIHAR COLONY, NEAR AGR | 2363025 | Varanasi |
| Alok Hospital | B-1/121, A.P. Assi Varanasi | 0542 - 2313187 / 9415226721 / | Varanasi |
| Ayushman Hospital Varanasi | 6, GIRINAGAR, BIRDOPUR, MEHMOORGANJ | 2360181 | Varanasi |
| Saraf Hospital | Kaivalya Dham Mode, Sankatmochan Road, | 2313558 | Varanasi |
| The Fracture Clinic And Trauma Centre | B/38/47-D5, Mamoorganj, Near Reliance Petrol Pump, Varanasi | 0562-3265602 | Varanasi |
| Anant Hospital | ROHANIYA BAZAR | 2255080 | Varanasi |
| Mahashweta Hospital Pvt Ltd | M.A. Road, Opp. District Jail, Chaukaghat | 542-2507216, 9415685220 | Varanasi |
| Sainath Hospital And Laparoscopy Center | Super Multi Speciality Hospital (Behind Tridev Apartment) Batupura, Sunderpur, | 2300172 | Varanasi |
| Santushti Hospital Pvt Ltd | N-8 / 180, B-51, Newada, Sunderpur, Varanasi | 0542 - 2316230 / 2322479 | Varanasi |
| Samvedna Hospital | B 27/88 G , NEW COLONY, RAVINDRAPURI, VARANASI, | 2276890 | Varanasi |
| Purvanchal Netralaya & Retina Care Center | C21/1-41, Vidyapeeth Rd, Maldahiya Crossing, Near OBC ATM, Maldahiya, Lajpat | 2390763 | Varanasi |
| Alaknanda Hospital Pvt.Ltd Varanasi | 21 Lanka Road, Durgakund Rd, near Indian Bank, Ravindrapuri Extension, | 2311246 | Varanasi |
| Ford Hospital | BALAJI NAGAR COLONY, SAMANE GHAT, LANKA VARANASI | 2366785 | Varanasi |
| Trimurti Hospital | S-2/344, GILAT BAZAAR, NEAR TAHSIL, BHOJUBIR | 8874322277 | Varanasi |
| Gyan Vishnu Hospital Pvt Ltd | DLW Rd, Gokul Nagar, DLW Colony, Chitapur, Kanchanpur, Uttar Pradesh 221108 | 2316041 | Varanasi |



CLAIM INTIMATION DETAILS

1. Claim Intimation Link: <https://m.medibuddy.in/intimatereimbursement.aspx>
2. Network Hospital Link: <https://www.medibuddy.in/networkHospitals>: Put the name of city and select the name of insurance company for list of hospital.
3. Network Hospital can directly submit the documents to Medi Assist Portal or can send on email ID cashless@mediassistindia.com.

