

THEME: HEALTHCARE

SUB-THEME: FINANCIAL AID

APPLICATION FORM

1. Patient Name:	
2. Occupation:	
3. Contact Details :	Address:-
	Contact No:-
	E-mail:-
4. Gender: (Kindly put '✓' mark in box)	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
5. Patient KYC Details: (self-certified copy to be enclosed)	PAN No.:-
	Aadhar No:-
6. Claimant name and relation with patient:	
7. Present Health condition:	
8. Symptoms:	
9. Treatment required/suggested:	
10. Particulars of Treatment:	
11. Period of Illness, if any:	
12. Referred by:	

VISHAKHA FOUNDATION

Administrative office: Vishakha House, Corporate House-09, Inspire Business Park, Nr. Vaishnodevi Circle, SG Highway, AHMEDABAD - 382 421

TEL. (079) 6190 7373 FAX. (079) 22830567 / 22045427, EMAIL. info@vishakhafoundation.org

Website: www.vishakhafoundation.org

13. Total family income (In Rs.)

14. Please give details regarding financial assistance sought from other trusts / organizations:

Sr. No	Name of trust / organization	Applied on	Amount sanctioned or to be considered / OR refused, pending, any other

*Use separate sheets, if require

I declare that the above facts stated/mentioned and particulars given by me are true and correct.

Date

Signature of the applicant

Signature of the patient

Note: In case of thumb impression, please get it attested by the authorized person.

Application received on:

(This field should be filled by Vishakha Foundation's Office)

VISHAKHA FOUNDATION

Administrative office: Vishakha House, Corporate House-09, Inspire Business Park, Nr. Vaishnodevi Circle, SG Highway, AHMEDABAD - 382 421

TEL. (079) 6190 7373 FAX. (079) 22830567 / 22045427, EMAIL. info@vishakhafoundation.org

Website: www.vishakhafoundation.org

INSTRUCTIONS:

1. Medical aid is open only to Indian citizens residing in India.
1. Applications for the Medical aid should be submitted either by the patient or by the patient's immediate family member (father/mother/husband/wife/son/daughter/sister/brother).\
2. Please note that, in case patient is hospitalised, this application / medical form received after the patient is discharged from the hospital will not be accepted by the Trust.
3. Incomplete forms will be rejected and no correspondence will be entertained in this regard.
4. Application forms with manipulated / false information, with an intention to mislead the Trusts, shall be treated as void and legal action will be taken as deemed necessary.
5. Trust, reserves its right, inter alia, in case of any doubt as to genuineness of the claim to examine case through any third party professional.
6. Submitting an application form to the Trusts' office does not guarantee a Medical aid from the Trusts. The Trusts' decision to award medical aid, or otherwise, will be informed to the applicant. No explanation whatsoever would be given if the application is rejected.
7. Original bills / receipts from hospital should be submitted upon the request. Duplicate bills/receipts / certificates from the hospital will not be accepted.
8. For cases that are declined, original bills will be returned; however, other documents will be retained by the Trusts.
9. The Trusts do not have any intermediaries / agents. Applicants are advised to beware of such individuals that claim to represent the Trusts and demand a share from the aid, if sanctioned. In case any such demands are made, applicants are requested to kindly bring the matter to the notice of the Management, immediately.
10. Apart from the above instructions, it is hereby informed that the decision of the Trustees would be final and binding on all matters and on all persons pertaining to the application.
11. Applicants can submit the medical application form in person at the Trusts' office by post. Missing supporting documents, if any, should be submitted within 2 weeks from receiving the request for submission of the same (the Trusts may request for supporting documents through phone call / SMS / Post). If the missing documents are not submitted within 2 weeks, the application will be closed and no further correspondence on the matter shall be entertained.
12. Application form for a Medical aid is available on www.vishakhafoundation.org.

VISHAKHA FOUNDATION

Administrative office: Vishakha House, Corporate House-09, Inspire Business Park, Nr. Vaishnodevi Circle, SG Highway, AHMEDABAD - 382 421

TEL. (079) 6190 7373 FAX. (079) 22830567 / 22045427, EMAIL. info@vishakhafoundation.org

Website: www.vishakhafoundation.org

Documents checklist (photocopies / scans):

MANDATORY DOCUMENTS:

1. Photo identity proof of applicant and patient (Any one from the list below)
 - a. Pan Card
 - b. Aadhar Card
 - c. Voter ID Card
2. Address Proof (Present or permanent address) (Any one from the list below)
 - a) Ration Card
 - b) Aadhar Card
 - c) Voter ID Card

SUPPORTING DOCUMENTS:

1. Cancelled cheque from patient's bank account OR applicant's bank account (Cheque from applicant's bank account acceptable only when the patient is minor).
2. If the patient has been discharged from the hospital, please attach a photocopy of the discharge card/summary, interim bills, Original Final bill, deposit receipts, final settlement receipt and cash memos of the medicines purchased along with the Doctor's prescription.
3. If original bills are submitted to TPA/Insurance company, then a letter from them on their letterhead mentioning the date and giving details:
 - (i) the amount Insured;
 - (ii) amount of original bills submitted;
 - (iii) the amount sanctioned from the Insurance Company;
 - (iv) the amount of original bills and receipts retained by them;
 - (v) Name and designation of the authorized signatory along with the rubber stamp of the Insurance Company.
4. If claim is under process, please attach photocopy of the Mediclaim policy.
5. If the treatment is ongoing or yet to commence, please attach a copy of the treating Doctor's certificate stating ailment, treatment advised and the break-up of the estimated cost of treatment
6. If payments are made by cheque and credit/debit card, kindly submit the copy of Bank Passbook/Statement showing the transaction
7. Attach list of individual donors & trusts applied, sanctioned and aid received
8. Trusts may ask for additional documents at any point during the application processing.

VISHAKHA FOUNDATION

Administrative office: Vishakha House, Corporate House-09, Inspire Business Park, Nr. Vaishnodevi Circle, SG Highway, AHMEDABAD - 382 421

TEL. (079) 6190 7373 FAX. (079) 22830567 / 22045427, EMAIL. info@vishakhafoundation.org

Website: www.vishakhafoundation.org