



॥ श्रमण आरोग्यम् ॥



प्रमुख सहयोगी: स्व. मथरादेवी लालचंदजी चौधरी
राजुल गणपत चौधरी, अहमदाबाद

B-101, 1st Floor, Business Square at Solitaire Corporate Park, Opp. Kanakia's Wall Street Building, Andheri – Kurla Road, Chakala Junction, Andheri (East), Mumbai – 400093. Tel No: 42877736 Website: www.jito.org Email ID: s.a.trust@jito.org

फॉर्म भरने की तारीख
ता. / /

Personal Details

कृपया **BLUE / BLACK** स्याही के साथ केवल ब्लॉक पत्रों में अंग्रेजी में फॉर्म भरें

Only for Office use

Sr. No.

- १) पद : आचार्य / उपाध्याय / पंन्यास / गणि / मुनि / साध्वी / अन्य _____
- २) स्वयं का नाम : _____
- ३) (आप जिनके शिष्य हुए हो उन) गुरु / गुरुणी का नाम : _____
- ४) प्रवर्तिनी / आपके ग्रुप में बड़े साध्वीजी का नाम (सिर्फ साध्वीजी के लिए) : _____
- ५) (आप जिनकी आज्ञा में हो उन) आचार्य का नाम : _____
- ६) (वर्तमान) गच्छाधिपति / गादिपति का नाम : _____
- ७) (आप वर्तमान में जिसमें हो उस) गच्छ का नाम : _____ समुदाय का नाम _____
- ८) उम्र: _____ जन्म तारीख (तिथि या विक्रम संवत न लिखें) : ____/____/____ ९) ब्लड ग्रुप: _____
- ९०) अगर आपके पास पहले से **PHM ID Card** हैं, तो कृपया यहा कार्ड नं. लिखें : _____

● आपश्री के सम्पर्क सूत्र ●

- १) आपश्री से कभी भी कायमी सम्पर्क हेतु (आपके साथ रहनेवाली या अन्य) व्यक्ति का नाम व फोन नं. : _____
- २) कार्ड जहाँ भिजवाना है उस व्यक्ति या संस्था का विवरण (वहाँ से कार्ड को कृपया आपश्री स्वयं सावधानीपूर्वक प्राप्त कर लें) :
 - a) नाम: _____
 - b) उनसे आपका सांसारिक रिश्ता (यदि हो तो): _____
 - c) पूरा पता: _____
शहर: _____ पिन कोड: _____ जिला/तालुका: _____ स्टेट (राज्य): _____
 - e) मोबाईल नं. 1) _____ 2) _____ 3) _____
 - d) फोन: STD कोड : _____ १) _____ २) _____
 - f) Email : _____ २) _____

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- 1) Form Recd. : ____/____/____ Via : _____
- 2) Sent to PHM : ____/____/____ Recd. Card : ____/____/____ PHM No. _____
- 3) Dispatched : ____/____/____ Via : _____
- 4) Acknowledgment : _____

Guidelines for medical expenses towards Vaiyavachh for Sadhu & Sadhvi Bhagwants.

CONTACT DETAILS:

1. For cashless treatment facility contact Paramount Healthcare Management Pvt. Ltd.
Toll free No.: 1800 22 66 55 (24 Hours Help Line)
Other call centre number: Mumbai: (022) 6662 0808, Delhi: (011) 4163 7594/95/96
Kolkata: (033) 2356 7005/08, Chennai: (044) 4343 5959 Fax: (022) 66444781//82/83/84
Website: www.paramounttpa.com E-mail: contact.phs@paramounttpa.com
2. For Any Reimbursement Claim contact Shraman Arogyam.
Add.: B Wing-101, 1st Floor, Business Square Solitaire Park, Opp. Apple Heritage,
Andheri Kurla Road, Andheri (E), Mumbai-400 093
Tel No.: +91+22 4287 77736 Fax: +91-22-4287 7799
Website: www.jito.org E-mail: s.a.trust@jito.org
3. If Sadhu & Sadhvi Bhagwants are not registered please contact Shraman Arogyam for their registration.
4. Any claim shall be accepted after 15 days of date of registration.

Below mentioned documents are mandatory required to consider the claim.

Sr. No.	Particulars	Remark
1	Original bill	Signed by Doctor and hospital stamp
2	Original Discharge Card	Signed by Doctor and hospital stamp
3	Original Medical Reports	Signed by Doctor
4	Original Pharmacy bill	with doctor's prescription
5	Id Card	Xerox copy
6	Covering letter from Caretaker (Individual/Sangh)	Signed copy by individual/Sangh on letter head with contact details

Kindly follow the above mentioned check list to process the claim of medical bill.

Note: For any reimbursement claim through Shraman Arogyam it will take 15-20 days to process the medical bill subject to submission of required original documents on verification & scrutiny. The amount through cheque will be reimbursed in the name of the hospital only. As per the policy we cannot issue the cheque in the name of Individual/Sangh. An individual/Sangh will have to get the money reimbursed from the hospital.

ROOM RENT

Normal Room Rent is restricted with maximum limit up to Rs.3,500/- per day.

ICCU – Rs.7,000/- per day.

Room charges restricted to lowest single room available in hospital with attached bathroom. It may vary from hospital to hospital. Hence we have kept limit of Rs.3,500/- per day but may vary from hospital to hospital (as a special case).

Poona Hospital - General Ward charges Rs. 1,000/- per day, related cases to be referred to any member of Managing Committee of Shraman Arogyam Trust.

- Any deviation in the above will need the approval of any member of Managing Committee of Shraman Arogyam Trust.
- We are following the guidelines as decided for various hospitals but in some cases we give higher charges also if lower category room is not available. We restrict to minimum single room available in hospital. We will appreciate hospital who is giving discount and JDF doctors or other doctors who are not charging.