## SHREE VISA OSHWAL COMMUNITY

## OSHWAL MEDICAL RELIEF SCHEME

P.O. BOX 40638 NAIROBI TEL: 3747689/2696293

1. PATIENT'S FULL NAME: \_\_\_\_\_

## **CLAIM FORM**

## **APPLICATION FOR RELIEF OF MEDICAL EXPENSES**

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2. A	AGE ON DA	TE OF AD	MISSION	CONTRIBUTOR NO:	
3. B	BUSINESS I	NAME:			
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5. N	NAME OF D	OCTOR R	ECOMMEND	DING HOSPITALISATION	
6. N	NAME OF H	OSPITAL			
7. 🗅	DATE ADMI	TTED		DATE DISCHARGED	NO OF DAYS
8. N	NATURE OF	LLNESS			
9. A	RE YOU IN	ISURED L	NDER ANY C	OTHER POLICY? PLEASE GIVE DETAI	LS
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