

Membership	First Name	Last Name	DOB	Age	M/F	Blood Group	Mobile No
Proposer							
Spouse							
1st Child							
2 nd Child							
Father or Father in Law							
Mother or Mother in Law							

Address	House Name	Door No	Area	Street
	Village / Town / City	Pin Code	State	Country
Email Id:		Mobile No.		Land Line

I hereby declare

that I enroll with Anyuta Wholly Charitable Trust at my free will to set up a Medical and Paramedical Team that will teach me to,

- | | |
|--|---|
| • Stay fit and Healthy. | • Learn First Aid & Cardiopulmonary Resuscitation skills |
| • Practice Healthy food habits and living standards | • Get connected to Medical Helpline Toll Free 1800 425 1111 |
| • Practice Preventive Care and get Immunized in time | • Stay within Anyuta Trust Medical Surveillance |
| • Undergo Medical checkups by the Family Physician | • Take an informed Medical decision |

Learn about the medical and surgical conditions like the injury, illness, need for investigation, medication, medical and surgical procedures, differential and final diagnosis, prognosis, recuperation, benefit of the Hospitalized over Domiciliary and Outpatient care and then take an informed Medical decision. I shall pay for the services availed by me and my family.

Primary Care Center (PCC). Out-patient Care by the Family Physician

Free Services	Paid Services
Free Out-patient Consultation and Clinical examination by the Family Physician. Teaching CPR, First Aid, Exercise, Healthy food habits, Healthy living style, Preventive Care, Immunization. Treatment received like wound dressing, medications, injections, etc. Trust will negotiate special rates and discounts in Insurance Premium, lab tests and Hospitalized care	Specialists Consultation, second opinion, Compiling Medical Reports, Coordinating with Specialist Doctors, Organizing Blood Tests, MRI & CAT Scans, X-ray, ECG, Treadmill, Thallium Test, Angiography, Angioplasty, Home Care, Physiotherapy, etc. Assisting to avail Hospital Care. Procuring Medical and Surgical Sundries, Medicines. Medical aids, Implants, Stents, etc. Assisting in Insurance matter like availing Cashless Health Care. Compiling and submitting Claim Documents to the Insurer.

In case the Member has Health Insurance policy, then the Hospitalized Care becomes Cashless or reimbursable. The Insurance Company will settle the claims as per their Policy Conditions and the members should read the policy before buying it.

Benefits

Medical surveillance 24/7 and 365 days	Family Physician to advice on phone always
Easy access to doctors, hospitals, diagnostic centers	Family Physician to help in taking an informed Medical decision
Efficient transportation and home care	Second Opinion on any of the health Care issues
Home blood collection, nursing care and physiotherapy	Trust or the Family Physician will help in getting maximum discount in Investigation, Treatment and Hospital bills.
Procuring Family Group Health Insurance at a Minimum Premium with Maximum Cover Value	Trust or Family Physician will help in submitting original Claim documents to the Insurer, Insurance Claim Process and getting the Claims Settled

Annual PCC membership Fee is Rs.1200 per family per year. Payment must be done by any of the Banking instruments like Cheque, RTGS, etc.

Organization	Bank	Branch	Branch Code	Customer ID	IFSC Code	MICR No	Amount
Anyuta Trust	Canara	Lavelle Road - CA	0000887	2306424	CNRB0000887	0887201002029	Rs.1500
Payment details							

Name of the Subscriber	Signature	Date	Place

No: 31/18, Main Road, Loyola Layout, Main Road, Ward No: 111, Shanthala Town, Bangalore 5600 47.

Mobile: 98450 10136, 94484 56986, 94484 54311 Tele: 080 41128311. 25364766

E-Mail: ravi@anyuta.cocashless@anyutatpa.com www.anyuta.co www.anyuta.org www.anyutatpa.com Twitter: Ravindra Shetty N. @D251947N

IN CRISIS YOU ARE NOT ALONE





Anyuta Trust Members Form

EBH 0000

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Anyuta Trust	Canara	Lavelle Road - CA	0000887	2306424	CNRB0000887	0887201002029	Rs.1200
Payment details							

Name of the Subscriber	Signature	Date	Place

No: 31/18, Main Road, Loyola Layout, Main Road, Ward No: 111, Shanthala Town, Bangalore 5600 47.

Mobile: 98450 10136, 94484 56986. 94484 54311 Tele: 080 41128311. 25364766

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