



HEALTH INDIA^(TM)
TOWARDS GOOD HEALTH

Health India TPA Services Pvt. Ltd.

ECS Form

Policy Number

Policy Holder's Name

Address

Telephone No.

Email ID

Health India ID

Claim Number

Name of Account Holder

Name of Bank

Branch Name

Branch Address

Type of Account

Account No

MICR Code

IFSC Code

Cancelled Cheque

YES/NO

- 1) Please enclose the cancelled cheque of your bank account for our record; your banker should be a participant of NEFT/RTGS Facility.
- 2) By Submission of the above, I authorize Health India TPA Services Pvt Ltd to settle the claim under reference through direct payment by RTGS/NEFT. I hereby declare & confirm that the particulars given above are correct & complete, I agree that I shall not hold TPA/Insurance Company responsible for delay or non receipt of the payment for any reason whatsoever after issue of the instructions of payment by Insurer/TPA based on the above.

Date:

Place:

Signature of the Policy Holder