HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.

Health India Insurance TPA Services Pvt. Ltd.

ECS FORM

Policy No: ____________________

Policy Holder Name: ____________________

Address:

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Contact No: ____________________ **Email ID:** ____________________

Health India ID ____________________ **Claim No:** ____________________

Name Of Account Holder: ____________________

Name Of Bank: ____________________

Branch Name: ____________________

Branch Address: ____________________

Type Of Account: ____________________

Account No: ____________________

MICR Code: ____________________ **IFSC Code:** ____________________

Cancel 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: ____________________

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(Signature of the Policy Holder)