

DOCTORS SCHEME



BREACH CANDY
HOSPITAL TRUST

Your care is our Concern

BREACH CANDY HOSPITAL DOCTORS SCHEME

Our Hospital being the premier health provider in the city of Mumbai, is concerned about the health of the people. The emphasis is on providing consultation and care to individuals and families to enable them to achieve a healthy life style.

The scheme envisages providing numerous benefits to the members by way of rebate on Hospital Charges, etc.

CRITERIA FOR ELIGIBILITY

1. The age for new subscribers must be below (75) years at the time enrolment.
2. Spouse and children under 18 years of age, residing with the subscriber are covered under a specified category. Children above the age of 18 can however be enrolled separately as single subscribers.
3. Subscription is payable in advance for the period from 1st April to 31st March of the following year.
4. One month's waiting period to avail discount for new members.
5. For duplicate membership card Rs.150/- will be charged.

BENEFITS

20% Discount on the following diagnostics (OPD & IP) (Excluding Profiles):

Pathology, Including Blood Bank, Histology, Pulmonary & Stress Test, X-ray, MRI, CT, EEG, Sonography, Endoscopy, ECG, Mammography, Color Doppler Studies.

20% Discount on all Health Checks

20% Discount on Physiotherapy & Endoscopy Procedures. (Excluding Packages)

NOTE

The Trust engages the services of a number of eminent consultants with facilities for consultation at the Hospital by prior appointment, which may be obtained from the respective secretaries or OPD Reception.

FORM OF APPLICATION

To,
The Director (M),
Breach Candy Hospital Trust,
60-A, B. Desai Road,
Mumbai - 400 026.

Dear Madam/Sir,

I have gone through the terms of the Doctor's Scheme and request you to enroll me as subscriber to the scheme.

Plan A/Plan A1 - OPD Benefits only / Plan B/Plan B1 - For Both OPD & IPD Benefits
(Tick whichever is applicable)

(IN BLOCK LETTERS)

S.No.	Name of Appl./Co.Appl./ Dependent	BH.No.	DOB	Relationship

Residential Add: _____

Tel No: _____ Mob. No: _____

Email ID: _____

Name & Address of Firm (if applicable) _____

Tel. No. _____

A Cheque/ Cash/ Credit or Debit card of Rs. _____ is enclosed.

Category: _____

Date _____

Signature (_____)

Please Note:

- 1 Members joining after commencement of the financial year are required to pay for the full year.
- 2 Acceptance of new members and renewal will be at the discretion of the appropriate authority.
- 3 The Management reserves the right to revise the terms and conditions including membership fee and all charges periodically.

Note:

20% Discount on Diagnostics of the Nuclear Medicine Department will be eligible only if Plan A1 or B1 is opted.

Annual Membership Fees

OPD Benefits	
Plan A	Rs.
a) Individual self only	8,000
b) Self and Spouse	8,500
c) Self, spouse and 1 child upto 18 years	9,500
d) Self, spouse and 2 children upto 18 years	10,500
Plan A1 - For inclusion of Nuclear Medicine Diagnostics	
a) Individual self only	10,000
b) Self and Spouse	11,500
c) Self, spouse and 1 child upto 18 years	12,500
d) Self, spouse and 2 children upto 18 years	13,500
For both OPD & IPD (Hospitalisation) Benefits	
Plan B	
a) Individual self only	10,000
b) Self and Spouse	12,000
c) Self, Spouse and 1 child upto 18 years	14,000
d) Self, Spouse and 2 children upto 18 years	16,000
Plan B1 -For inclusion of Nuclear Medicine Diagnostics	
a) Individual self only	12,000
b) Self and Spouse	14,000
c) Self, Spouse and 1 child upto 18 years	15,000
d) Self, Spouse and 2 children upto 18 years	16,000