Vipul Medcorp Insurance TPA Pvt Ltd.

Feedback Form

With reference to your cashless advice dated _____,we give
below, the feedback form to be filled by you and we request you to send back to us.
Please note that your valuable feedback will help us in improving our services.

1	**Vipul Medcorp ID:**	
2	**Policy Number:**	
3	**Name of the patient:**	
4	**Name of the proposer**	
5	**Correspondence Address:**	
6	**Contact Numbers**	
	Office:	
	Mobile:	
	Residence:	
7	**Disease/Accident for which hospitalized**	
8	**Duration of stay in Hospital Nursing Home**	
10	**Date of discharge from Hospital/ Nursing Home**	
11	**Have you paid any Advance? If yes, then give amount**	
12	**Has the advance been refunded/ adjusted against bill?**	
13	**Total Expenses**	
14	**Services rendered by hospital/nursing Home/Good/Very/Good/Outstanding**	
15	**Whether any personnel from Vipul MedCorp visited the patient during treatment**	**Yes** ☐ **No** ☐

Date

Signature