



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 <input type="checkbox"/>	No <input type="checkbox"/>

Date

Signature