LAN No:

MediBuddy vHealth

vHealth Membership

Application form

PROGRAM DETAILS	
Package name	vHealth 98k
Membership benefits *Valid for 6 members*	• Unlimited teleconsultation* with vHealth doctors • Unlimited teleconsultation with in-house clinical psychologists & psychiatrists • Unlimited Consultation with our telemedicine-trained clinical dieticians • 50 free OPD vouchers for Specialist consultation at IHO partner hospitals • 18 free complete body check-up covering 61 vital tests** each • 52 free online Pharmacy vouchers worth INR 500 each • 18 free dental wellness vouchers • Access to vHealth ecosystem and discount benefits
Procedure to avail the services	Download the vHealth India App to use your membership benefits or Call our toll free number 1800 103 4466 to book your appointment.
Membership fee	INR 98,000 for 3 years

*__24*7__ online phone/video consultation available in Hindi & English only | Consultation in 8 vernacular languages (From 8am - 8pm except on National holidays) | **__Tests Include:__ Thyroid Function, Iron Deficiency, Liver Profile, Lipid Profile, Renal Profile, Iron Deficiency, Diabetic Screening, Complete Hemogram.

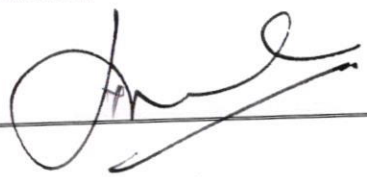
List of family members to be covered under this card are as follows:

Sr No	Name	DOB	Relationship	Nominee Name	Nominee DOB* (Mandatory Adult)	Relationship
1	Sohan PRIMARY MEMBER					
2						
3						
4						
5						
6						

Customer declaration for vHealth 98k

I have applied for and given my consent to avail the benefits of the Health card ("Wellness Card") issued by Indian Health Organisation Private Limited (CIN U85100DL2008PTC184571) having its Registered Office at 213B, Okhla Industrial Estate Phase 3, New Delhi 110020 ("IHO"). I declare that I have been contacted by Aditya Birla Finance Ltd. ("ABFL") with CIN no. U65990GJ1991PLC064603, having its registered office at Address: Indian Rayon Compound, Veraval GJ 362266 for the purchase of Wellness Card of IHO. I hereby confirm that ABFL and/or any of its affiliates, group entities hold no warranty and do not make any representation about the Wellness Card and its benefits and shall not be responsible for any services and relating claims in any manner whatsoever.

I hereby declare that, I wish to accept the Health Package Membership offered under the Wellness Card program by IHO. I am fully aware that the Health Package Membership under the Wellness Card Program of IHO is being offered to me at a discounted rate with regards to the initial Health Package Membership fee for the membership period as opted by me



below, and any applicable renewal or other fees shall be required to be paid by me as specified in the terms and conditions then prevailing and associated with the Wellness Card.

I understand that IHO is not an insurance company and is not involved in the sale or otherwise of insurance products. Further, I hereby declare that I have understood the benefits which shall be available to me as a holder of the Wellness Card. I hereby confirm that I have read & understood the terms & conditions relating to the Health Package Membership and agree to abide by them at all times. I acknowledge that it is advised that the entire terms & conditions, as available on vhealth.io be read prior to availing benefits offered by the Health Package Membership.

I acknowledge that it is advised to me that IHO may collect, use, process and share my personal information (including sensitive health related personal information) for offering services under the Health Package Membership opted by me and I have read and understood the Privacy Policy of IHO available on vhealth.io prior to availing benefits offered under the Health Package Membership.

I further understand that the Wellness Card and the services thereunder are being offered to me by IHO or the Healthcare Providers under IHO's network.

I have opted for plan worth INR 98,000/- (Rupees Ninety Eight Thousand Only) for a duration of 3 (Three) years.

I hereby agree that if for any reason whatsoever ABFL is unable to recover and pay to IHO the Health Package Membership fee required to be paid to IHO under the Wellness Card program, the Wellness Card shall not be provided to me till such payment is made to IHO. In the event of cancellation of the Wellness Card within 14 days of receiving the welcome kit from IHO, provided that I have not used any IHO voucher/services during the said period of 14 days, the Health Package Membership fee amount shall, on my/our request, be refunded to me/us.

DECLARATION: *I hereby state that the below mentioned number is owned/used by me and in conjunction with my Health Package Membership to Wellness Cards by IHO, IHO and/or its Healthcare Providers shall be authorized to contact me with whatsoever means through SMS/email/telephone, including via WhatsApp, for any purpose inclusive of sending Health Package membership digital kit, service notifications, prescriptions, health check-up reports etc. irrespective of the fact that below provided contact number may be registered with DND/DNC registry. I ensure that the number provided below is correct and shall be the default mobile number for receiving Health Package membership digital kit whether through SMS/WhatsApp.*

☐ I declare that all the information I have given in this application is true, correct and complete, and is not false or misleading. I understand and accept the terms and conditions mentioned above.

Signature: _____

Name of Applicant: _____ Mobile: _____

Email: _____ Date: D D M M Y Y Y Y

Address: _____

_____ City: _____

State: _____ Pin Code: _____