



FOCUS HEALTH SERVICES TPA PVT. LTD.

HOSPITAL NAME	
POSTAL ADDRESS	
CITY	
STATE	
PIN CODE	
STD CODE	
TEL NO.	
FAX NO	
EMAIL ID	
TOTAL NO. BEDS	
TPA PERSON	
TPA PERSON MOB.	
BANK NAME	
BANK ADDRESS	
A/C NO	
IFSC NO.	
MICS No	
ACCOUNT HOLDER	
PAN NO.	