**Annexure C**

**(LETTER HEAD)**

**REF**: Branch/Office:……………………… DATE:

To:

The Manager,

………………………………….Hospital

Dear Sir,

We request you to kindly admit ………………………… on priority basis and give preferential treatment under tie up arrangement with Vidal Health TPA.

1. Name of the employee :

2. Staff code No. :

3. Designation :

4. Branch/Office where working :

5. Name of the Patient :

6. Relationship with the employee :

7. Nature of ailment :

8. Name of the person issuing this letter :

 and his designation

9. Name of the Officer to be contacted in :

 case of need and telephone number of

 his office/residence

Please contact Vidal Health Care TPA for the payment.

Thanking you,

 Yours faithfully,

 **BRANCH/OFFICE HEAD**