

An Exclusive Offer from Apollo Koramangala Family Health Privilege Card

Dear Neighbour,

The Apollo Clinic Koramangala recently celebrated its first year anniversary! We thank you for your warm welcome and overwhelming response during this time. As a token of our appreciation, we have launched an exclusive Family Health Privilege Card for our neighborhood residents entitling them with some great benefits. **With an annual cost of only Rs 500/- per annum, the card offers significant cost savings for the entire family as listed below:**

Card Benefits:

1. Free Consultations with Finest Medical Professionals

As a card member, you and your family are entitled to a total of **Five free consultations** in a year with the General Physician at The Apollo Clinic, Koramangala.

2. Discount on World-Class Diagnostics Services

You and your family will be entitled to a **15% discount** on any number of diagnostic tests for the entire year at The Apollo Clinic, Koramangala.

3. Discount on Apollo Preventive Health Checks

The Apollo Clinic Health Privilege Card entitles you and your family to a **further 5% discount** on the package price of Apollo Preventive Health Checks.

4. Discount on Dental Services

The Apollo Clinic Health Privilege Card entitles you and your family to a **free dental screening and 10% discount on selected dental services.**

With the Family Health Privilege Card, you get Apollo Quality and Reliability at significantly discounted rates. Just fill-out the form on the back and bring it to the clinic along with the payment. We accept cash, debit cards, and credit cards. You can also fax the completed form to 080-2563-3825.



Family Health Privilege Card Application Form

Title: _____ Marital Status: Married/Unmarried

Family Name: _____

Given Name: _____

Gender: Male/Female DOB: _____

Profession: _____

Designation: _____

Company Name: _____

Home Address: _____

Home Phone: _____ Mobile: _____

Email ID: _____

Family Members to be included (upto four members per card):

<u>Name</u>	<u>Relation</u>	<u>DOB</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____

Date _____

Please bring the completed form to: The Apollo Clinic, #51 Jyoti Nivas College Road, 5th Block, Koramangala, Bangalore 560095. You can also fax the completed form to 080-2563-3825.