

Dear Member,

We acknowledge receipt of your claims intimation bearing ID 25304720. The details of the intimation are as follows:

(Please quote this reference number in all future correspondence in regard to this claim)

Beneficiary Details

Patient Name	Kritika Sinha
Insurance Company	Aditya Birla Health Insurance Co. Ltd.
Policy Holder / Primary Beneficiary	CBA Services Private Limited - Base 2 / Ashok Anupam
Corporate	CBA SERVICES PRIVATE LIMITED
Hospital Name	
Medi Assist ID	5093767670
Policy No.	2-81-23-0001847-000
Relationship with Primary Beneficiary	Spouse
Employee ID	00483998
Ailment details	Unable to Pass urine
DOA	06-05-2024 00:00:00
DOD	08-05-2024 00:00:00

The following documents must be submitted in full within 7 days or as specified in your policy documents

- Original claim form in IRDAI format (Part A and B)
- Original bill and cash paid receipts in IRDAI format (pre numbered), duly signed by insured
- Original discharge summary in IRDAI format, duly signed by the insured
- Break-up of the bill amount being claimed, including pharmacy, investigations, etc.
- All original investigation reports / x ray films etc
- Original sticker and invoice for all the implants & high value consumables
- Original OT notes for surgical cases
- Self-attested copy of photo id card of the patient is mandatory; any one of these documents will be accepted - (a) Driving Licence (b) PAN Card (c)Voter ID Card (d) School/College Id card for students (e) Passport (f) ID card issued by present employer
- If the bill amount exceeds INR 1 lakh, it is mandatory to submit the address proof of the Primary Beneficiary; any of these documents will be accepted ? (a)Driving Licence (b) Passport (c) Voter ID Card (d) Aadhar Card
- Copy of Cancel Cheque/Bank Passbook/Online banking Summary/Bank Statement.

[Click here](#) for templates above check list.

Now locate nearest Branch at <https://www.mediassistpa.in/contact>

Note 1:

If Claimed amount is 1 lakh and above we need the following documents of the Proposer or Policy holder/ Employee

- Duly filled & signed CKYC form.
- Valid 'Proof of Address' and 'Proof of Identity'(Valid- Voting ID Card or Passport copy or Driving Licence or Masked Aadhar only)
- Copy of PAN card
- Recent Photograph

Note 2:

Kindly share MASKED Aadhar to consider as Proof of Address (you can download from this link: (<https://myaadhaar.uidai.gov.in/genricDownloadAadhaar>) and unmasked Aadhar details are not accepted in the interest of individual personal information privacy.

Here are some important Notes:

- In case of admission at network hospital, consider availing cashless facility for your claim before discharge. [Click here](#), to see your list of network hospitals.
- Claim adjudication will be as per policy terms and conditions.
- For admissions availing GIPSA packages in network hospitals, the reimbursement would be restricted to the package rates with Applicable Conditions of provider.

We assure you the best of our services, always

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd

(Formerly known as Medi Assist India TPA Private Limited) CIN: U85199KA1999PTC025676. Regd Off: Tower "D", 4th floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bangalore - 560 029.
Helpline:1800 208 9449 | Email: [contactus](#)

If you are not satisfied with our settlement, you may approach the Grievance Cell of the Insurer at their Underwriting Office or Controlling Offices. If you are not satisfied with the resolution of the Grievance Cell, you may approach the jurisdictional Insurance Ombudsman, address of which is available on the website of the Insurer.



THIS IS A COMPUTER GENERATED SETTLEMENT ADVICE AND SIGNATURE IS NOT REQUIRED.

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