

To  
The principal officer,  
ERICSON INSURANCE TPA PVT.LTD.

**Ref:- Claim ID-15000560**  
**Name:-Sachinandan Karmakar**

Sir ,

I have received Document Deficiency letter date 23/11/24 as on 06/12/24. First i admitted 24/05/2024 for my treatment of CHRONIC CALCULUS CHOLECYSTITIS and I took discharge as on 30/05/24. And then I was under in treatment under Dr. Himanshu Gupta in Health World Hospital in Durgapur, West Bengal . After treatment of long period I admitted as on 07/08/24 for my Surgery and took discharge as on 10/08/24 from Health World Hospital .

This is my exact duration of treatment .

Thanking you  
Yours faithfully .

*Sachinandan Karmakar*

Dated - 10/12/24  
Ahamadpur, Bishnupur.  
W.B., 731201





## ERICSON INSURANCE TPA PVT. LIMITED.

11-C, Corporate Park, S.T.Road, Chembur, Mumbai-400071  
Website: www.ericsontpa.com, E mail: - care@ericsontpa.com  
Call Centre: 022-25280234 Fax No.: 022-25270200

### Document Deficiency Letter

To,

Dated : 23-11-2024

S KARMAKAR  
SACHINANDAN KARMAKAR  
VILL+P.O. AHAMADPUR(KAGAS ROAD)  
DIST. BIRBHUM

Mobile no. 9434220941  
Claim Int. Date: 09-10-2024  
Policy No. : 469639633  
Claim ID: 15000560  
Patient Name: S KARMAKAR  
Gender: M Relation: Self  
Insurance Company: Life Insurance Corporation of India (LIC)  
Hospital Name: HEALTH WORLD HOSPITAL  
Hospital Address: PLOT NO- C- 49, COMMERICAL AREA, DURGAPUR  
DOA : 07-08-2024 02:26PM DOD: 10-08-2024 09:22AM  
Primary Diagnosis: CHRONIC CALCULUS CHOLECYSTITIS

Dear Sir/Madam,

With reference to the above claim, we found that below documents are required for further processing of your claim request:

SNo.	Particulars details
1	1-KINDLY MENTION EXACT DURATION OF CHRONIC CALCULUS CHOLECYSTITIS(DATE AND YEAR) BY TREATING DOCTOR

All the above documents should submitted within 7 days from the date of receipt of the letter & mention this Claim ID/card no. for future documents reference.

Kindly submit the documents within the mentioned time period to avoid closure & non-payment of the claim.  
For any assistance please call us on: 022 41548300

Yours sincerely,

Authorized Signatory

#### Disclaimer:

Meaning of few words mentioned below for your reference,

**Mandatory:** The claim will be closed if not submitted within the stipulated time period.

**Non Mandatory:** The claim will be processed by deducting the amount belonging to the deficiency

This is an auto generated email. Please do not reply to this email.



**Additional Document Request (First Reminder)**

Dev. / Agent Code :

To

S KARMAKAR

SACHINANDAN KARMAKAR

VILL+P. O. AHAMADPUR(KAGAS ROAD)

DIST. BIRBHUM

Telephone No.: 9434220941

Policy Number	469639633
Insurance Company	Life Insurance Corporation of India
Claim Number	15000560
Patient Name	S KARMAKAR
Hospital Name	HEALTH WORLD HOSPITAL
Date of Admission	07/08/2024 & Discharge Date 10/08/2024
Member ID	-
Query Date	23/11/2024
Employee Mobile No	9434220941

Dear Sir/Madam,

Sub: Additional Information Required (First Reminder)

Ref: Patient S KARMAKAR Admission for : CHRONIC CALCULUS CHOLECYSTITIS

This is in reference to our earlier deficiency letter dated (23/11/2024). We would like to remind you again to send all deficiency documents mentioned below.

This is with respect to the above mentioned patient, We have received your claim document. On scrutinizing the document it is observed that the following documents / information are required to process your claim. We request you to provide the same at the earliest. Please note that your claim document is pending for the same.

Query No	Sr.No.	Details
1	1	1-KINDLY MENTION EXACT DURATION OF CHRONIC CALCULUS CHOLECYSTITIS(DATE AND YEAR) BY TREATING DOCTOR

You are requested to kindly provide the above mentioned documents/information within 7 days from the receipt of this letter.

Your co-operation with regards to retrieval of the aforesaid deficiency shall be highly appreciated. In case you have already submitted the required documents, kindly ignore this communication.

Kindly quote the Health India claim number for all future correspondence regarding this claim

Thanks & Regards,

For Ericson Insurance TPA Pvt. Ltd.