

Date: 04-12-2024

SANDHYA BHARAT SHINDE

57/1 SHALAKA DNYANESH SOC Maharashtra 411058

Pune

MAHARASHTRA

411058

Contact No. XXXXXX2243

Subject: Request for Past Medical Records to Process Your Health Insurance Proposal - 1120092098122

Dear SANDHYA BHARAT SHINDE,

Thank you for choosing us as your trusted health insurer. To ensure accurate and timely processing of your proposal 1120092098122 for Care Supreme product, we kindly request your cooperation in providing us with your past medical records.

Please submit the following medical documents at your earliest convenience:

Member Name	Remarks
SANDHYA BHARAT SHINDE	Kindly confirm the exact type of Thyroid(Hypothyroidism/Hyperthyroidism) and provide their medicine name

You can submit the documents through one of the following methods:

Secure Online Portal: [Click here](#) to upload the documents securely.

Email: Attach scanned copies and send them to query.centralops@careinsurance.com

Once we receive your medical records, our team will expedite the review process, ensuring a prompt decision on your health insurance proposal.

You are requested to submit the required medical records within 7 days from the date of receipt of this letter. Failure to do so may result in the cancellation of your health insurance proposal and subsequent refund of the proposal amount, subject to deduction of medical charges, if any.

Team Care Health

Vipul Tech Square, Tower C, 3rd Floor,

Sector - 43, Golf Course Road,

Gurugram -122009 (Haryana)

Kindly note that this is a computer generated document and hence no signature is required.