



PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED

(IRDA License No.006) Validity: From 21-03-2020 to 20-03-2023
[formerly known as **PARAMOUNT HEALTH SERVICES(TPA)PVT.LTD**]

D-39, Okhla Industrial Area,Phase-I, New Delhi,Delhi-110020 Tel-(011) 41637594 / 95 / 96, ,Fax-(011) 41637592 / 42890921,E-mail - delhi.phs@paramounttpa.com

Deficiency Letter Without Prejudice

To,
DXC TECHNOLOGY INDIA PRIVATE
LIMITED,
C/O KAMALJIT SINGH,

Date : 08/10/2022

Email id: kamaljit.singh@dxc.com
Mobile No. : 8146526606

Policy & Member Details		Claim Details		
Insurance Company : The New India Assurance Company Ltd.		CCN No. : 5700201	Ext:	Partial :
Policy No. : 312000/34/22/04/00000014		Name of Patient :NISHU NISHU		
Policy Validity : 01/04/2022 to 31/03/2023		Date of Admission : 17/09/2022		
Employee Name : KAMALJIT SINGH		Date of Discharge : 21/09/2022		
PHS ID.No. : 36744240	Employee No. : 11717962	Provider Name:CENTRAL HOSPITAL & MATERNITY HOME		
Insurance Claim No: TP00631200022900574833				
Ailment : Primi At Term Pregnancy				

Dear Sir/Madam,

We are in receipt of the claim documents from your end pertaining to the captioned claim. On scrutinizing the documents, it is observed that the following documents / information are required to process your claim:

Sr.No	Deficiency Type					Mandatory	Status
1	Main HOSPITAL BILL PAYMENT	Particular	Bill No	Bill Date	Amount		
a	Original receipts required, Duplicate receipts are submitted		nil	21/09/2022	25000	Yes	Pending
b	Original receipts required, Duplicate receipts are submitted		nil	21/09/2022	15000	Yes	Pending

You are requested to kindly provide the original documents as mentioned above within 7 days from the receipt of this letter, enabling us to proceed further and to process the claim. Please note that the conclusion regarding the eligibility of coverage/admissibility of amount can only be decided once we have a full set of original documents. Your co-operation in this regard shall be highly appreciated.

Kindly quote the CCN for all future correspondence regarding this claim.

Thanking You,



Medical Officer
For Paramount Health Services & Insurance TPA Private Limited

Please Provide your Email Id. _____ & Contact No. _____ for future correspondence.

For complete guidance on your current claim status, please log on to our website www.paramounttpa.com



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CLAIM ACKNOWLEDGMENT SHEET

Name of Insurer :	The New India Assurance Company Ltd.	CCN NO :	5700201
Insured Name :	KAMALJIT SINGH	Policy No :	312000/34/22/04/00000014
PHS ID :	36744240	Patient Name :	NISHU NISHU
Mobile No :	8146526606	Employee No :	11717962

Name of Corporate :

	Type of Claim (To be ticked) :	Main Hospitalisation / Pre-Post Hospitalisation / OPD Claim	
	Total no of documents received	20	
Sr No.	Category	Document received Yes/no	No of documents
1	claim Form	YES	3
2	KYC DOCUMENTS	NO	0
3	NEFT DOCUMENTS	YES	1
4	DELAY INTIMATION / SUBMISSION DOCUMENTS	NO	0
5	DISCHARGE CARD /DEATH SUMMARY /TRANSFER SUMMARY	YES	2
6	Indoor Case Paper	NO	0
7	FINAL HOSPITAL BILL	YES	1
8	FINAL HOSPITAL CASH RECEIPT	NO	0
9	CONSULTATION CASH RECEIPT	YES	3
10	INVESTIGATION CASH RECEIPT	NO	0
11	INVESTIGATION REPORT	NO	0
12	MEDICINE CASH RECEIPT	YES	4
13	MEDICINE PRSCRIPTION	NO	0
14	IMPLANT STICKER	NO	0
15	64 VB DOCUMENTS	NO	0
16	POLICY COPY	NO	0
17	PAN CARD	YES	2
18	AADHAR CARD	YES	2
19	CKYC	NO	0
20	Other	YES	1