



# 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 : 13/10/2022

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

Policy & Member Details		Claim Details		
Insurance Company : The New India Assurance Company Ltd.		CCN No. : 5712509	Ext:	Partial :
Policy No. : 312000/34/22/04/00000014		Name of Patient :AGAMBIR SINGH		
Policy Validity : 01/04/2022 to 31/03/2023		Date of Admission :28/09/2022		
Employee Name : KAMALJIT SINGH		Date of Discharge : 28/09/2022		
PHS ID.No. : 36744240	Employee No. : 11717962	Provider Name:P.M.G. CHILDREN HOSPITAL		
Insurance Claim No:				
Ailment : Neonatal Jaundice				

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	<b>POSITIVE INVESTIGATION:</b> SERUM BILIRUBIN INVESTIGATION REPORT DULY ATTESTED BY MD PATHOLOGIST IN SUPPORT OF DIAGNOSIS					Yes	Pending
2	Kindly provide tariff of Single A/c room charges including nursing & Rmo.					Yes	Pending
3	Main HOSPITAL BILL PAYMENT	Particular	Bill No	Bill Date	Amount		
a	Original payment receipt of final Hospital bill, with bill number & receipt number.		28/09/2022	28/09/2022	13300	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](http://www.paramounttpa.com)



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## CLAIM ACKNOWLEDGMENT SHEET

<b>Name of Insurer :</b>	The New India Assurance Company Ltd.	<b>CCN NO :</b>	5712509
<b>Insured Name :</b>	KAMALJIT SINGH	<b>Policy No :</b>	312000/34/22/04/00000014
<b>PHS ID :</b>	36744240	<b>Patient Name :</b>	AGAMBIR SINGH
<b>Mobile No :</b>	8146526606	<b>Employee No :</b>	11717962

Name of Corporate :

	Type of Claim (To be ticked) :	Main Hospitalisation / Pre-Post Hospitalisation / OPD Claim	
	Total no of documents received	16	
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	NO	0
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	1
18	AADHAR CARD	YES	1
19	CKYC	NO	0
20	Other	YES	1