



Date :15 Mar 2025 19:42

To,

The Administrator / Medical Superintendent,  
Xenia Hospital,  
Plot No 43, Ec Extension, Ecil X Roads,  
Hospital ID: (101477)

Dear Partner,

This is with reference to the cashless claim **(42751518)** submitted with the following details:

|                       |  |
|-----------------------|--|
| Patient Name          | RAGHUPATRUNI CHANDRAKALA                           |
| Insurance Company     | Manipal Cigna Health Insurance Company Limited     |
| Medi Assist ID        | 5104264965   |
| Policy Holder         | RAGHUPATRUNI LAXMI PRASAD RAO                      |
| Treating Doctor       | KARUNA SREE  |
| IP No.                | 0  |
| Policy No.            | 100102000328/02/00_2025                            |
| Primary Beneficiary   | RAGHUPATRUNI LAXMI PRASAD RAO                      |
| Employee ID           | 1  |
| Insurer Claim No      |  |
| Insurer Member ID     | 1827980901   |
| Provisional Diagnosis | Abnormal uterine and vaginal bleeding, unspecified |

We regret to inform you, that we are unable to extend the cashless facility for this claim due to the following reasons:

1. We have received a Cashless request admitted for Abnormal uterine and vaginal bleed . Claimant is covered under ManipalCigna Union Bank of India\_100200000001/08/00\_Family Floater policy since 11/01/2023 . As per the available documents patient is a K/c/o SOB since 10- 15 years. which is material to policy decision and was not disclosed in proposal form at the time of policy inception Had these conditions been disclosed in the proposal form which forms the basis of the policy contract, we would not have issued the policy to this member at all. Claim stands denied under policy condition VI.1 duty of disclosure.

| Clause Code    | Clause Discreption  |
|----------------|---|
| Non-Disclosure | As per the available documents, patient is suffering from the illness before taking the policy and same was not disclosed. Hence claim stands rejected. |

Please note that denial of cashless facility due to the standard terms and conditions of the policy, is in no way construed to be denial of treatment. The patient may continue to avail the treatment as per the treating doctor's advice. Insured may re-submit the claim with complete set of documents, for a possible reconsideration after discharge. The reimbursement of the claim will be processed subject to admissibility as per terms, conditions and exclusions of the policy issued to insured.

**Note:** As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

#### QUICK LINKS:

Track this claim on [MediAssist](#)

We assure you the best of services, as always.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd  
CIN: U85199KA1999PTC025676.  
Cashless Processing Centre  
#58/1A, Singhasandra.  
Hosur Main Road,  
Begur Post.  
Bangalore. PIN - 560068.  
Helpline: 0120-6937324

**Disclaimer:** The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorisation/cashless facility.

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