



हेल्थ इन्स्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
HEALTH INSURANCE TPA OF INDIA LTD.

## **Query Letter** Without Prejudice

Claim Number: 221300242277(Please quote this number for further correspondence)

Date : 16/01/2023

ALAN T P THARAYIL THALU PADAM HOUSE KOLAZHI .P.O. THRISSUR . Dist. : THRISSUR Kerala Thrissur Thrissur Kerala India Thrissur Thrissur KERALA-680002	Insurer : National Insurance Company Ltd Proposer Name : SHEELA P T Patient's Member UHID : 1321000011020202 Relation with Proposer : Son
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**Dear Sir /Madam ,**

This is in reference to the claim documents received by us on 19/12/2022 following details

Patient Name : ALAN T P	Age : 23	Gender: Male
Policy Number : 571002502210000957	Policy Period : 04/08/2022 to 03/08/2023	
Date of Admission : 17/11/2022	Date of Discharge : 20/11/2022	
Hospital Name : DR. SUNNY MEDICAL CENTRE	Diagnosis : DENGUE FEVER	

Following information / documents are required to proceed with assessment of your claim:-

\*Investigation reports supporting the diagnosis

\*Copy of hospital registration certificate. If unregistered, Please provide details of available facilities & number of beds certified by the hospital authority

For any clarification, please feel free to contact us at our Toll Free numbers 1800 102 3600 / 1800 180 3600 .

### **Authorized signatory**

This is a system generated letter and hence does not require any signature