



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**]

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir,Thane-400604 Tel-66620808, ,Fax-68342454 / 55,E-mail -contact.phs@paramounttpa.com

Partial Deficiency Letter Without Prejudice

To,
MYOUNG SHIN INDIA AUTOMOTIVE
PRIVATE LIMITED,
C/O UTHAYAKUMAR M,

Email id: uthayami1986@gmail.com
Mobile No. : 7708837773

Date : 06/01/2023

Policy & Member Details		Claim Details		
Insurance Company : The Oriental Insurance Company Ltd.		CCN No. : 5839161	Ext:	Partial :
Policy No. : 451200/48/2023/549		Name of Patient : UTHAYAKUMAR M		
Policy Validity : 19/09/2022 to 18/09/2023		Date of Admission : 27/10/2022		
Employee Name : UTHAYAKUMAR M		Date of Discharge : 31/10/2022		
PHS ID.No. : 38619734	Employee No. : 100134	Provider Name: VINODHAGAN MEMORIAL HOSPITAL - THANJAVUR		
Insurance Claim No: 451200/48/2023/00003348				
Ailment : Radius Fracture				

Dear Sir/Madam,
We are in receipt of the deficiency documents. On scrutinizing the documents, it is observed that the following documents / information are still not provided forming part of your earlier Deficiency Letter dated : 28/12/2022.

Sr.No	Deficiency Type					Mandatory	Status	Received date
1	DELAY: Letter from insured, stating reason for both delayed intimation & submission.					Yes	Pending	
2	NEFT DETAILS: As per the instruction from the Ins. Co., you are requested to submit the following NEFT details in order to make the Electronic Transfer of the claim amount to the insured person's account. Original Cancelled cheque in the name of : UTHAYAKUMAR M (printed name)					Yes	Received	05/01/2023
3	IRDA CLAIM FORM: IRDA claim form Part 'A' filled and signed by the Insured NOTE : This form can be downloaded from (link / Paramount website)(required proper claim amount on claim form)					Yes	Pending	
4	MAIN HOSPITAL BILL	Hospital Name	Bill No	Bill Date	Amount			
a	Item wise cost/ detailed breakup of disposable and theater drugs as mentioned (RS.615+8385)	VINODHAGAN MEMORIAL HOSPITAL - THANJAVUR	720	31/10/2022	9000	Yes	Pending	
5	IMPLANTS	Particular	Bill No	Bill Date	Amount			
a	Required original Invoice & sticker of implants (IOL/Stent etc) used during the surgery.	VINODHAGAN	1	28/12/2022	8860	Yes	Pending	
6	INVESTIGATION REPORTS	Particular	Bill No	Bill Date	Amount			
a	kindly upload positive inv report x ray report				1	Yes	Pending	

You are requested to submit the original documents as mentioned above within 7 days from the receipt of this letter, so that we can proceed further and process the claim.
Kindly treat this as most urgent & 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