



CLAIM SETTLEMENT UPDATE

From: automailer@uhcpindia.info To: Sandeep Kumar Sompalle

Company Name: ITC Infotech India Ltd

Date: 10-Nov-2021

Dear Sir /Madam,

Please find attached settlement voucher

CLAIM SETTLEMENT DETAILS

Dear Sir /Madam,

Reference to the reimbursement facility extended to the mediclaim policyholder of the The New India Assurance Co. Ltd., here by we are enclosing Electronic Fund Transfer details as settlement of the claim for which details are as mentioned below as per the instruction of The New India Assurance Co. Ltd.

Claim No / URL No.	70656	Insurer Claim No.	
Employee No.	37166	Corporate Name	ITC Infotech India Ltd
Insurer Policy Number.	92000034200400000255	Reimburseme	
Dev / Agent Code Type	NA	Insured / Employee Name Sandeep Kumar So	
Claimant / Patient Name	Vijaya Lakshmi Sompalle		
Hospitalization	DOA: 27-Jun-2021	DOD	29-Jun-2021
Hospital Name	Quality Care India Ltd. (Care Hospital)	Disease	menorrhagia
Cover Type	Parents Cover: 3,00,000		
Claimed Amount	3,15,725	Approved Amount	1,13,213
Paid from this cover	1,13,213	UTR No / Date	CITIN21244308986 / 28-Sep-2021
Account Number	XXXXXXXXXXX9714	Bank Name	Axis Bank

Any disagreement about the settlement shall be intimated to us within 10 days otherwise the same shall be deemed as your acceptance and full final settlement of the said claim.

Please contact us for any further details on Email: customerservice@uhcpindia.com

Toll Free: 1800 209 8884

Visit us at: https://uhcp.truecover.in

If you are not satisfied with our settlement, you may approach the Grievance Cell of the Insurer at their Underwriting Office or Controlling Offices. If you are not satisfied with the resolution of the Grievance Cell, you may approach the jurisdictional Insurance Ombudsman, address of which are available in website of the Insurer.

Thanking you

UnitedHealthcare Parekh Insurance TPA Pvt Ltd The Empire Business Centre, Office# 1731,1732 and 1733, 17th Floor, Empire Tower, Cloud City Campus, Reliable Tech Park Airoli, Navi Mumbai - 400708

*** Details of the claimed amount available in the next page







INVOICES DETAILS

Procedure/Service	Claimed amount (Rs.)	Deductions (Rs.)	Approved amount (Rs.)	Remarks (Amount in Rs.)	
Room & Nursing	22,000.00	12,000.00	10,000.00	Policy Limits-10000	
CONSULTATION	5,600.00	3,054.00	2,545.00	Proportionate Amount-3054	
CONSULTATION	2,100.00	1,145.00	954.00	Proportionate Amount-1145	
CONSULTATION	900.00	490.00	409.00	Proportionate Amount-490	
SURGEON	113,086.00	61,683.00	51,402.00	Proportionate Amount-61683	
ОТ	78,993.00	43,087.00	35,905.00	Proportionate Amount-43087	
CONSULTATION	28,271.00	15,420.00	12,850.00	Proportionate Amount-15420	
Assistant Surgeon Charges Cat-E	28,271.00	15,420.00	12,850.00	Proportionate Amount-15420	
PHARMACY	725.00	725.00	0.00	GLOVES; DisAllowed-725	
PROCEDURE	10,590.00	5,776.00	4,813.00	Proportionate Amount-5776	
PHARMACY	900.00	0.00	900.00		
ADMISSION	1,310.00	1,310.00	0.00	ADMISSION . MEDICAL RECORD, REGISTRATION ; DisAllowed-1310	
PHARMACY	5,790.00	5,790.00	0.00	WARD MATERIAL , DISSINFECTION CHARGES, BIO MEDICAL WASTE; DisAllowed-5790	
OTHERS	1,350.00	1,050.00	300.00	HOUSE KEEPING CHARGES; DisAllowed-1050	
PHARMACY	3,554.00	550.00	3,004.00	GLOVES, ; DisAllowed-550	
DIET	200.00	0.00	200.00		
investigation	12,085.00	6,705.00	5,379.00	registration ; DisAllowed-250; Proportionate Amount-6455	
Copayment		28,303.00			
Sub Totals	3,15,725	2,02,512	1,13,213		

BILL SUMMARY

Bill Group	Claim Amount	Proportionate Amount	Policy Limits	Deductions	Approved Amount
Consultation	8,600	4,691	0	4,691	3,910
Surgeons Fees	1,13,086	61,684	0	61,684	51,403
OT	78,993	43,088	0	43,088	35,906
Professional Fees	28,271	15,421	0	15,421	12,851
Procedure	38,861	21,197	0	21,197	17,665
Pharmacy	10,969	0	0	0	3,904
Administrative	1,310	0	0	0	0
Others	1,550	0	0	0	500
Investigation	12,085	6,456	0	6,456	5,380
Room & Nursing	22,000	0	10,000	12,000	10,000

This is a computer generated Settlement update and does not require signature.

