

Hi Tharun A,

Greetings from Medi Assist!

We have received a hospitalization request for **Veena N** with below details. It is required to validate your claim submission. Please [click here](#) and complete the authentication. This will allow us to proceed forward in processing the claim.

Request details:

Primary Beneficiary	Tharun A
Policy number	97000034240400000051_SEZ
Claim type	PreAuthorisation
Claimed date	16-Apr-2025
Duration of Hospitalization	18-Apr-2025 - 18-Apr-2025
Claimed amount	45000
Mode of claim submission	Hospital

If this request is raised without your knowledge, please contact Medi Assist team on [si\\_protect@mediassist.in](mailto:si_protect@mediassist.in)