



## Submission of Claim Documents



Date : 25 Dec 2022

Dear Partner,

This has reference to cashless claim reference number: 30886057

You are hereby requested to submit cashless claim documents pertaining to aforesaid cashless claim number. for the following patient:

Patient Name	Claim No.	D.O.A*	D.O.D#	Claimed Amt.	Approved Amt.
Thamizharasu Munuswamy	30886057	20 Dec 2022	22 Dec 2022	83430	66654

\*Date Of Admission | #Date Of Discharge

As you would be aware, insurer guidelines stipulate that the hospitals are required to submit bills within 7 days from the date of discharge of the patient, to enable processing of the claim.

You are therefore requested to submit the cashless claim documents immediately upon receipt of this communication. Please log into [IHX Provider Portal](#) for information on claims which have already been submitted and are non-utilized.

Warm Regards,  
Medi Assist Insurance TPA Pvt. Ltd  
No.252/2, Kodichikkanahalli Main Road,  
Opposite : Kailash Building, Bommanahalli,Bangalore - 560 068  
Email: [hospital.medibuddy@mediassistindia.com](mailto:hospital.medibuddy@mediassistindia.com)

**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-authorization/cashless facility.



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