Dear Sir/Madam,  
  
This has reference to the claim for treatment of YOGARANI ANAND  
Your claim has been processed by us and will shortly be sent to the insurer for settlement.  
  
Group Name:MINDTREE LIMITED  
Claim Details:  
URL No:1509787/1  
Ins Claim No:TP00299000018900220341  
Claimed Amount : Rs.22626.00  
Settled Amount : Rs.21956.00  
  
Details of the amount disallowed are as follows :

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Bill No** | **Amount Rs.** | **Reasons** |
| 1 | 64 | 300.00 | Admission / Discharge procedure(Charges for admission / discharge process)[] |
| 2 | 65 | 160.00 | Non Medical Charges Not Payable(Non Medical Charges Not Payable)[PAD] |
| 3 | 85 | 210.00 | Non Medical Charges Not Payable(Non Medical Charges Not Payable)[MASK] |

You can also view your claim details on UHC Weblink (<https://www.uhcpindia.com>) via `Claims Status’ Section.  
  
We will also appreciate your feedback on our services. Please follow the below link for providing us your valuable feedback   
<https://www.uhcpindia.com/web/feedback/feedback.aspx>  
  
Best Regards,  
UnitedHealthcare Parekh Insurance TPA Private Limited

attachments \*

Dear ANAND SADASIVAM(Employee Number:1044748),  
  
This has reference to the claim for treatment of YOGARANI ANAND  
Your claim has been settled by the Insurer and you will receive your reimbursement amount shortly  
  
Group Name:MINDTREE LIMITED  
Claim Details:  
URL No:1509787/1  
Claimed Amount:22626.00  
Settled Amount : Rs.21956.00  
  
Details of the amount disallowed are as follows :

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Bill No** | **Amount Rs.** | **Reasons** |
| 1 | 64 | 300.00 | Admission / Discharge procedure(Charges for admission / discharge process)[] |
| 2 | 65 | 160.00 | Non Medical Charges Not Payable(Non Medical Charges Not Payable)[PAD] |
| 3 | 85 | 210.00 | Non Medical Charges Not Payable(Non Medical Charges Not Payable)[MASK] |

If you require any further details kindly log onto your eEnrol profile on UHC Weblink(<https://www.uhcpindia.com>) and view ‘Claims Status’ Section.  
  
We will also appreciate your feedback on your interaction with us, please follow the below link -  
<https://www.uhcpindia.com/web/feedback/feedback.aspx>  
  
Best Regards,  
UnitedHealthcare Parekh Insurance TPA Private Limited

Dear ANAND SADASIVAM,  
  
\* This is an automated mailer. Please do not reply.\*  
  
This is to inform you that we have registered your claim for treatment of Ms.YOGARANI ANAND at hospital - "Chord Road Hospital Pvt. Ltd.". Your claim is under processing.  
  
The unique locator number (URL) for your claims is 1541764/1. Please quote this in all future references.  
  
We will keep you updated on the progress of your claim.  
  
Please note that as per the circular issued by Insurance Regulatory And Development Authority of India (IRDAI) with regards to Prevention of Money Laundering you are requested to provide copy of Aadhaar card and Pan card for settlement of claim.   
If these documents are already provided during submission of claim please ignore this message.  
  
**IMP NOTE: If you have not made this claim please highlight to us immediately by calling on 1800 209 8884 or writing to** [**noclaim@uhcpindia.com**](mailto:noclaim@uhcpindia.com) **(This ID will accept only emails that highlight claims not made by you)**  
  
Best Regards,  
UnitedHealthcare Parekh Insurance TPA Private Limited

\* This e-mail originated outside of Mindtree. Exercise caution before clicking links or opening attachments \*

**First Intimation**

**This is an Auto-Generated Mail**  
  
21/02/2019  
  
**Reference:**

|  |  |  |
| --- | --- | --- |
| Name of the employee | : | ANAND SADASIVAM |
| Claim is in Favor of | : | YOGARANI ANAND |
| Claim Reference Number | : | 1541764/1 |
| Name of the company | : | MINDTREE LIMITED |
| Policy period | : | 01/01/2019-31/12/2019 |
| Employee Number | : | 1044748 |
| Date of Admission | : | 23/01/2019 |
| Date of Discharge | : | 24/01/2019 |
| Name of the hospital | : | Chord Road Hospital Pvt. Ltd. |
| Claim Amount | : | 30096 |
| Insurer | : | The New India Assurance Co. Ltd. |

**Sub. : In accordance with your Insurance Company’s guidelines, undermentioned is the list of documents required to process your claim**  
  
Dear Sir / Madam,  
  
We hope this email finds you well. Recognizing your busy schedule we wish to let you know that our medical team is expecting the undermentioned documents at the earliest.  
Our Medical team has reviewed your claim and observed that they require the undermentioned documents to process this claim quickly.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Bill No.** | **Bill Date** | **Document Requirement Details** | **Amt.** | **Status** | **Requirement Type** |
| 1 | - | - | AML-Please share the Original Preferred Provider Network ( PPN) form with us. | 30096 | Pending | Mandatory |

Please attach a copy of this email to attribute the documents submitted with your claim

|  |  |
| --- | --- |
| * Kindly send the above documents to - | **Salma Sultana**,  Claims Settlement Assistance Team,  UnitedHealthcare Parekh Insurance TPA Private Limited,  1, Victor Mansion,  Golf View Avenue, Old Airport Road,  Kodihalli Bangalore - 560 008 |

For additional support you may contact our customer care team on. – **080-46604416** or email us at [**claimassistance.bengaluru@uhcpindia.com**](claimassistance.bengaluru@uhcpindia.com)

**Notes:**  
**Mandatory documents**: Unavailability of these documents delay the progress in processing your claim.  
**Non-Mandatory documents**: We will be able to process your claim with your written approval for deducting the amount attributed to such documents.

Thanks & Regards,   
Claim Settlement Assistance Team.  
UnitedHealthcare Parekh Insurance TPA Private Limited

Dear Sir/Madam,

Greeting from United healthcare!!!

May I request you to courier the mandatory documents required to action your claim.

* Please share the Original Preferred Provider Network ( PPN) form with us-mandatory.

Please share valuable feedback regarding my support in closing your case.

Thanks and regards,

Salma sultana,

Claim assistance Team

United Healthcare Parekh Insurance TPA Pvt. Ltd.

Please call on 080-46604413

For general queries other than document recovery, please contact us at [customerservice@uhcpindia.com](mailto:customerservice@uhcpindia.com)

-----Original Message-----  
**From:** "[claimassistance.bengaluru@uhcpindia.com](mailto:claimassistance.bengaluru@uhcpindia.com)" <[claimassistance.bengaluru@uhcpindia.com](mailto:claimassistance.bengaluru@uhcpindia.com)>   
**Sent:** Thursday, February 21, 2019 5:07 AM   
**To:** "[ANAND.SADASIVAM@MINDTREE.COM](mailto:ANAND.SADASIVAM@MINDTREE.COM)" <[ANAND.SADASIVAM@MINDTREE.COM](mailto:ANAND.SADASIVAM@MINDTREE.COM)>   
**Subject:** Ref: Document Required for Claim Reference No. 1541764/1

**First Intimation**

**This is an Auto-Generated Mail**  
  
21/02/2019  
  
**Reference:**

|  |  |  |
| --- | --- | --- |
| Name of the employee | : | ANAND SADASIVAM |
| Claim is in Favor of | : | YOGARANI ANAND |
| Claim Reference Number | : | 1541764/1 |
| Name of the company | : | MINDTREE LIMITED |
| Policy period | : | 01/01/2019-31/12/2019 |
| Employee Number | : | 1044748 |
| Date of Admission | : | 23/01/2019 |
| Date of Discharge | : | 24/01/2019 |
| Name of the hospital | : | Chord Road Hospital Pvt. Ltd. |
| Claim Amount | : | 30096 |
| Insurer | : | The New India Assurance Co. Ltd. |

**Sub. : In accordance with your Insurance Company’s guidelines, undermentioned is the list of documents required to process your claim**  
  
Dear Sir / Madam,  
  
We hope this email finds you well. Recognizing your busy schedule we wish to let you know that our medical team is expecting the undermentioned documents at the earliest.  
Our Medical team has reviewed your claim and observed that they require the undermentioned documents to process this claim quickly.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Bill No.** | **Bill Date** | **Document Requirement Details** | **Amt.** | **Status** | **Requirement Type** |
| 1 | - | - | AML-Please share the Original Preferred Provider Network ( PPN) form with us. | 30096 | Pending | Mandatory |

Please attach a copy of this email to attribute the documents submitted with your claim

|  |  |
| --- | --- |
| * Kindly send the above documents to - | **Salma Sultana**,  Claims Settlement Assistance Team,  UnitedHealthcare Parekh Insurance TPA Private Limited,  1, Victor Mansion,  Golf View Avenue, Old Airport Road,  Kodihalli Bangalore - 560 008 |

For additional support you may contact our customer care team on. – **080-46604416** or email us at [**claimassistance.bengaluru@uhcpindia.com**](about:claimassistance.bengaluru@uhcpindia.com)

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Thanks & Regards,   
Claim Settlement Assistance Team.  
UnitedHealthcare Parekh Insurance TPA Private Limited

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