
REIMBURSEMENT CLAIM APPROVAL LETTER

Date Generated : 10/07/2019

To

ANUPAM SHRINGI
NA

MUMBAI - 0
Tel No:

Dear Sir/ Madam,

Sub: Your Claim No: BLR-0619-CL-0002966 under Policy No: 421300/POLICY 1-SELF SPOUSE AND TWO DEPENDENT CHILDREN-2 our ID Card No: BLR-OI-A1243-001-0179579-B Patient: RUCHIKA SHARMA Hospitalisation at: APOLLO CRADLE (A UNIT APOLLO SPECIALTY HOSPITALS PVT. LTD) on 28/03/2019
On scrutiny of the claim papers submitted by you and other relevant documents collected by us, we are pleased to inform you that as per the instructions of your Insurer M/s ORIENTAL INSURANCE COMPANY LIMITED the claim is being settled as per the Mediclaim Computation Sheet attached.

We shall advise you the settlement particulars shortly.

For any further clarification in this regard, kindly contact us.

Thanking you,
Yours faithfully,

Authorised Signatory
VIDAL HEALTH INSURANCE TPA PVT LTD

[Note: This is a System Generated Letter.](#)

Copy to:
ORIENTAL INSURANCE COMPANY LIMITED
NO.48, KFC COMPLEX
CHURCH STREET
BANGALORE-560001
Karnataka

Claim No. :BLR-0619-CL-0002966

Claim Settlement No. :BLR-0719-CR-0001801

Claim Type :Member

Policy No. :421300/POLICY 1-SELF SPOUSE AND TWO DEPENDENT CHILDREN-2

Policy Type :DEPENDENT CHILDREN-2

Corporate Name :ACCENTURE

Enrollment No. :BLR-OI-A1243-001-0179579-B

Claimant :RUCHIKA SHARMA

DOA :28/03/2019

Address :NA

MUMBAI - 0

Insured Person :ANUPAM SHRINGI

Emp no./Ref-no. :10594338

Sum Insured (Rs.) :500,000.00

Balance (Rs.) :446,000.00

Restricted Sum Insured (Rs.) :450,000.00

Final Diagnosis :G2A1 EMERG LSCS, SINGLE LIVE BORN

Remarks :

Claim File No. :BLR-0619-FL-0006467

Approval Date:10/07/2019

Insurance Company :ORIENTAL INSURANCE COMPANY LIMITED

Policy Start Date :17/10/2018

Policy End Date :16/10/2019

Payee Name :ANUPAM SHRINGI

Relationship :Spouse

DOD :31/03/2019

Hospital :APOLLO CRADLE (A UNIT APOLLO SPECIALTY

Hospital Address :Plot No - 15A,Shivaji Marg Najafgarh Road

NEW DELHI-110015

DOB/Age :32

IP No. :98151

Settled Amt (Rs.) :54,000.00

ICD Codes :Z37.0,O82.1

Balance Restricted Sum Insured (Rs.) :396,000.00

MEDICLAIM COMPUTATION SHEET

SI No.	Bill No.	Bill Date	Nature of Expenditure	Amt Claimed Rs.	Disallowed / Non Medical Expenses Rs.	Amount Settled Rs.	Remarks
1	810	31/03/2019	LABORATORY INVESTIGATIONS	4,700.00	4,700.00		Exceeds maternity limit
2	810	31/03/2019	OT CONSUMABLES/MEDICINES	171.00	171.00		Exceeds maternity limit
3	810	31/03/2019	PHARMACY	16,180.00	16,180.00		Exceeds maternity limit
4	810	31/03/2019	SPE PROC CHARGES	100,000.00	40,000.00	60,000.00	Exceeds maternity limit
5	810	31/03/2019	SPE PROC CHARGES	500.00	500.00		Cross matching not payable
Total :				121,551.00	61,551.00	60,000.00	

Sum of Rupees :Rupees Fifty Four Thousand Only

COPAY BREAKUP DETAILS

Copayment Charges (Rs):

6,000.00

Settled By :4180

Allowable Amt (Rs.)

:

60,000.00

Discount allowed (Rs.)

:

0.00

Deductible Amt (Rs.)

:

Total Co-pay Amt (Rs.)

:

6,000.00

Total Approved (Rs.)

:

54,000.00

:

**Restricted Sum Insured
(Rs.) :**

**Balance Restricted
Sum Insured (Rs.) :**