

**Date : 13th November, 2024**

To,  
 GANAPATHI SUBRAMANIAN D.,  
 NO345, 12TH CROSS, 1ST BLOCK VISHWAPRIYA LAYOUT, BEGUR ROAD,  
 ,  
 KARNATAKA,  
 Bangalore,  
 Bangalore,  
 560068.

**Subject: "Claim Approval Letter"**

Dear Sir/Madam,

We wish to inform you, your claim no. 95097843-00 against policy 87287299 has been approved towards Medical Expenses of "VITHYAAALAXMI BABY.". Please refer Annexure I for details.

<b>Policy No.</b>	87287299
<b>Proposer Name</b>	MELISSA DATA CORPORATION
<b>Claimed Amount</b>	67687.00
<b>Bill Amount</b>	67687.00
<b>Amount to be Paid (INR)</b>	53241.30

Successful transfer of amount in to your bank account will be considered as full and final settlement of the claim.

In case you require any additional assistance, please visit the Self-help portal at  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html).

Kindly find the attached details of Grievance Redressal Procedure in Annexure attached in email.

With warm regards,

For **Care Health Insurance Limited.**



Authorised Signatory

**Care Health Insurance Limited**

Regd. Office: 5<sup>th</sup> Floor, 19 Chawla House, Nehru Place, New Delhi-110019  
 Correspondence Office: Vipul Tech Square, Tower C, 3<sup>rd</sup> Floor,  
 Golf Course Road, Sector-43, Gurugram -122009 (Haryana)

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503



Annexure I

<b>Claim No</b>	95097843-00	<b>AL No.</b>	
<b>Nature of Claim</b>	HNBR_NEW BORN BABY COVER	<b>Hospital ID</b>	75814249
<b>Policy No.</b>	87287299	<b>Corporate Name</b>	MELISSA DATA CORPORATION
<b>Employee ID</b>	00000MD-39	<b>Employee Name</b>	GANAPATHI SUBRAMANIAN D .
<b>Name of Proposer</b>	MELISSA DATA CORPORATION	<b>Name of Patient</b>	VITHYAALAXMI BABY .
<b>Date of admission</b>	03-Oct-2024	<b>Date of Discharge</b>	11-Oct-2024
<b>Name of Hospital</b>	ANNAI VELANKANNI MULTI SPECIALITY HOSPITAL	<b>Claim Amount</b>	67687.00
<b>Hospital Discount (not to be collected from Patient)</b>	0	<b>AL approved Amount</b>	0
<b>Co pay</b>	5915.70	<b>Deductible</b>	0
<b>SI/Benefit Limit Exhausted</b>	8530.00	<b>Paid Amount</b>	53241.30

Category-wise Breakup:

S.no	Description	Bill Amount	Admissible Amount	No.of Day/Visits/Quantity	Rate per day/Quantity	Deducted Amount
1	Medicine and Consumable charges	27837	26957	1	27837	880
2	Miscellaneous charges	500	0	1	500	500
3	Room & Nursing Charges	15300	15300			
4	Professional fees charges	16900	16900			
5	Investigation charges	7150	0	1	300	300
Total		67687	59157			8530

Deduction details:

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REACH US @



Care Health-  
Customer App



WhatsApp  
**8860402452**

Self Help Portal:  
[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:  
[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)

Bill Number	Requested Amount	Deduction Amount	Deduction Reasons	Deduction Clause	Deduction Remarks
873	27837.00	880.00	MRD / MLC / TPA Charges	4.2.I	BABY DIAPER 390 WIPES 390 MASK 100
873	500.00	500.00	MRD / MLC / TPA Charges	4.2.I	REGISTRATION CHARGE
873	300.00	300.00	MRD / MLC / TPA Charges	4.2.I	REPORTS NOT FOUND
873	6850.00	6850.00	MRD / MLC / TPA Charges	4.2.I	REPORTS NOT FOUND
Total deducted amount		8530			

**\* Please Refer Appendix for the Deduction Clause**

Sum Insured Utilisation

Sum Insured (SI)
53241

### **Deduction Clause Appendix**

- 1 4.2.I ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
- 2 4.2.I ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
- 3 4.2.I ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
- 4 4.2.I ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Remark : APPROVED

Note: The amount is towards full and final settlement of the claim submitted by you. For claiming any dis-allowed amount, kindly submit the bills at earliest.

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