

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 "VITHYALAXMI BABY .". Please refer Annexure I for details.

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

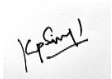
Successful transfer of amount in to your bank account will be considered as full and final settlement of the claim.

In case you require any additional assistance, please visit the Self-help portal at www.careinsurance.com/self-help-portal.html .

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

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @


Care Health-
Customer App


WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html
Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Annexure I

Claim No	95097843-00	AL No.	
Nature of Claim	HNBR_NEW BORN BABY COVER	Hospital ID	75814249
Policy No.	87287299	Corporate Name	MELISSA DATA CORPORATION
Employee ID	00000MD-39	Employee Name	GANAPATHI SUBRAMANIAN D .
Name of Proposer	MELISSA DATA CORPORATION	Name of Patient	VITHYAALAXMI BABY .
Date of admission	03-Oct-2024	Date of Discharge	11-Oct-2024
Name of Hospital	ANNAI VELANKANNI MULTI SPECIALITY HOSPITAL	Claim Amount	67687.00
Hospital Discount (not to be collected from Patient)	0	AL approved Amount	0
Co pay	5915.70	Deductible	0
SI/Benefit Limit Exhausted	8530.00	Paid Amount	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
				1	6850	6850
Total		67687	59157			8530

Deduction details:

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Bill Number	Requested Amount	Deduction Amount	Deduction Reasons	Deduction Clause	Deduction Remarks
873	27837.00	880.00	MRD / MLC / TPA Charges	4.2.1	BABY DIAPER 390 WIPES 390 MASK 100
873	500.00	500.00	MRD / MLC / TPA Charges	4.2.1	REGISTRATION CHARGE
873	300.00	300.00	MRD / MLC / TPA Charges	4.2.1	REPORTS NOT FOUND
873	6850.00	6850.00	MRD / MLC / TPA Charges	4.2.1	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 4.2.1 ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
- 2 4.2.1 ANNEXURE II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
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- 4 4.2.1 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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