

DATE : 05-May-2020

WITHOUT PREJUDICE

SHORTFALL LETTER

CLAIM No.: CHE-0520-CL-0000183

To

Mr. MUHAMMAD IMRAN

10TH FLOOR, 4, TIDEL PARK CANAL BANK ROAD, TARAMANI,

CEHNNAI,Tamilnadu-600013

Phone No: 8344524069

Email ID: Muhammad.Imran@bnymellon.com

Agent Code:

Dev Officer Code:

Dear Sir,

Sub: **Claim Number:** CHE-0520-CL-0000183 , **Policy Number:** 500600/28/19/P1/13393429 , **Corporate Name:** BNY MELLON TECHNOLOGY PRIVATE LIMITED - CHENNAI STPI , **Policy Holder:** MUHAMMAD IMRAN , **Employee ID:** 17273 , **Patient Name:** HASNA FARZANA , **Card Number:** CHE-UI-I0423-005-0004126-B , **Hospital Name:** SAI HOSPITAL , **Hospital IP Number:** 45456467 , **DOA:** 15-Mar-2020 , **Ailment:** LSCS DONE, SINGLE LIVE BORN -MALE BABY

We acknowledge receipt of claim documents in the above connection.

On a scrutiny of the papers received we notice that we require the following documents to proceed further:

1. DECLARATION BY THE INSURED

I, _____, aged _____ years, enrolled in Vidal Healthcare TPA vide Vidal card ID _____ hereby accept the following conditions:

1. I have included all the bills / receipts for the purpose of the reimbursement and have not submitted for reimbursement elsewhere with any other TPA.

2. I agree to submit the original bills to Vidal Healthcare TPA within 15 days of lockdown.

Signature: _____

Date: _____

Name: _____

Email ID: _____

Mobile No: _____

We shall be able to proceed further with the matter only on your submission of the above requirements along with copy of this letter.

We seek your compliance as above within 7 days from the date of this letter.

Assuring you our best services at all times.

Thanking you,

Yours faithfully,

Authorized Signatory

Note: This is a system generated letter does not require signature.