



PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED (IRDAI Lic no.006)

[formerly known as **PARAMOUNT HEALTH SERVICES(TPA)PVT.LTD**]

D-39, Okhla Industrial Area,Phase-I, New Delhi,Delhi-110020 Tel-(011) 41637594 / 95 / 96 ,Fax-(011) 41637592 / 42890921,E-mail - delhi.phs@paramounttpa.com

Partial Deficiency Letter **Without Prejudice**

To,
SAMSUNG INDIA ELECTRONICS PVT LTD.,
C/O VIVEK PAL,

Date : 10/04/2018

Email id: vivek.pal@samsung.com

| Policy & Member Details | | Claim Details | | |
|--|-------------------------|--|------|-----------|
| Insurance Company : IFFCO Tokio General Insurance Company Ltd. | | CCN No. : 3831681 | Ext: | Partial : |
| Policy No. : 52894951 | | Name of Patient :ATAM PRAKASH | | |
| Policy Validity : 01/01/2018 to 31/12/2018 | | Date of Admission :15/03/2018 | | |
| Employee Name : VIVEK PAL | | Date of Discharge :16/03/2018 | | |
| PHS ID.No. : 31908847 | Employee No. : 17797924 | Provider Name:ALL INDIA INSTITUTE OF MEDICAL SCIENCES(DEL) | | |
| Insurance Claim No: | | | | |
| Ailment : Coronary Artery Disease | | | | |

Dear Sir/Madam,

We are in receipt of the deficiency documents. On scrutinizing the documents, it is observed that the following documents / information are still not provided forming part of your earlier Deficiency Letter dated : 02/04/2018.

| Sr.No | Deficiency Type | | | | | Mandatory | Status | Received date |
|-------|---|---------------------|----------------|------------------|---------------|-----------|---------|---------------|
| 1 | From Patient Kindly provide coronary angiography report in support of diagnosis | | | | | Yes | Pending | |
| 2 | NEFT DETAILS: As per the instruction from the Ins. Co., you are requested to submit the following NEFT details in order to make the Electronic Transfer of the claim amount to the insured person's account. Original Cancelled cheque in the name of : VIVEK PAL(AS NAME NOT MENTION ON ALREADY SUBMITTED CHEQUE) | | | | | Yes | Pending | |
| 3 | IRDA CLAIM FORM: IRDA claim form Part 'B' filled and signed by t the Hospital respectively. NOTE : This form can be downloaded from (link / Paramount website) | | | | | Yes | Pending | |
| 4 | IMPLANTS | Particular | Bill No | Bill Date | Amount | | | |
| a | Required original Invoice & sticker of Stent used during the surgery. | all india institute | 584 | 16/03/2018 | 47000 | Yes | Pending | |

You are requested to submit the original documents as mentioned above within 14 days from the receipt of this letter, so that we can proceed further and process the claim.
Kindly treat this as most urgent & quote the CCN for all future correspondence regarding this claim.

Thanking You,

Dr. 
For Paramount Health Services & Insurance TPA Private Limited (New Delhi)

Please Provide your Email Id. _____ & Contact No. _____ for future correspondence.

For complete guidance on your current claim status,please log on to our website www.paramounttpa.com