



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

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

1st Floor B Wing, Safire Park Galleria, Old Pune - Mumbai Road, Shivaji Nagar, Pune-411005 Tel-(9520)-32905835/24443743 ,Fax-(020) 24441706, E-mail - Contact.phs@paramounttpa.com

## **Deficiency Letter** **Without Prejudice**

To,  
APTARA NEW MEDIA PVT LTD,

Date : 02/09/2016

Policy & Member Details		Claim Details		
Insurance Company : National Insurance Company Ltd.		CCN No. : 3240986	Ext:	Partial :
Policy No. : 340100/46/16/8500000123		Name of Patient :B/O JAEK KULKARNI		
Policy Validity : 19/05/2016 to 18/05/2017		Date of Admission :28/06/2016		
Employee Name : JAEK KULKARNI		Date of Discharge :06/07/2016		
PHS ID.No. : 21787917	Employee No. : P00499	Provider Name:SAI SAVA HOSPITAL		
Insurance Claim No:				
Ailment : Hyperimmunoglobulin E [Ige] Syndrome,,				

Dear Sir/Madam,

We are in receipt of the documents forwarded by you pertaining to the captioned claim. On scrutinizing the documents, it is observed that the following documents / information are required to process your claim:

Sr.No	Deficiency Type	Mandatory	Status
1	Required Indoor Case Paper photocopy attested from the hospital from date & time of admission to date & time of discharge with detail medical history page and date wise doctor's note, nursing notes with tpr charts.	Yes	Pending
2	Required all original investigation supporting diagnosis & bills submitted.	Yes	Pending
3	Required cost wise and itemize detail break-up of NICU and ROOM charges from Treating Doctor or Hospital.	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. Please note that the conclusion regarding the eligibility of coverage/admissibility amount can only be decided once we have a full set of original documents. Your co-operation with regards to retrieval of the deficiency shall be highly appreciated. Kindly quote the CCN for all future correspondence regarding this claim.

Thanking You,

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

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](http://www.paramounttpa.com)