



Paramount Health  
Health Insurance

**PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED**

(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

**Branch Code :022**

**To,**

**Manager - Finance & Billing**

**FORTIS FLT. LT. RAJAN DHALL HOSPITAL**

Sector - B, Docket - 1, Aruna Asaf Ali Marg, Vasant Kunj, New Delhi, Delhi-110070

**Date : 18/07/2024 02:24:49 PM**

**CCN : 6858855 EXT. :**

## **PREAUTHORIZATION: DEFICIENCY INFORMATION LETTER**

**Subject :** Hospitalization of Mr / Ms **WONMAYO KAZINGMEI**

**At:** **FORTIS FLT. LT. RAJAN DHALL HOSPITAL**

Tel No. 011-42776222 / 1460312631, 8588867290

Fax No. 42776221

**PHS ID No: 26145277**

**Insurance Co. The New India Assurance Company Ltd.**

Dear Sir/ Madam,

This has reference to the last document received for preauthorization request on

We have registered your cashless request under aforesaid claim no. 6858855. We observed that your claim request is deficient with respect to below requested information/documents. Kindly furnish the requested details at the earliest so as to arrive at the claim admissibility from time of receipt of complete documentation.

**Additional Info. / Remarks :**

1 . treating dr to kindly certify whether current treatment is related to infertility or not

Thanking You,

Authorised Signatory.

**Please Note:**

WE REQUEST YOU TO SUBMIT THE ABOVE INFORMATION BY THE TREATING DOCTOR ON HOSPITAL'S OR DOCTOR'S LETTERHEAD WITHIN 24 HOURS OR BEFORE DISCHARGE, WHICHEVER IS EARLIER ELSE THE CASE IS LIKELY TO BE KEPT ON-HOLD OR CLOSED DUE TO PROLONG DELAY IN YOUR RESPONSE.