

[Export to PDF](#)**PARAMOUNT HEALTH SERVICES (TPA) PVT. LTD.**

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Deficiency Letter**To,****Date : 05/11/2015****SAMSUNG R & D INSTITUTE INDIA - BANGALORE PVT LTD**

Orion Building, Bagmane Constellation Business Park, Outer Ring Road,
Doddanakundi Circle, Mahadevpura Post, Bangalore- 560048

Sub : Your claim under Medishield Policy No : 52483335**a/c KHUSHBOO BAID****Emp Name : PAWAN KUMAR BAID****Emp-ID : 13599088****Under Our Claim Ref. 2956929****PHS-ID : 16248660****Final Diagnosis Spontaneous Vertex Delivery,,****Dear Sir / Madam,**

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

1) Original detailed discharge Summary with GPLA required.

You are requested to kindly provide all the documents in original, at the address below to MR. KRISHAN PAL SINGH. Please provide the above information / documents within 15 days from the receipt of this letter to enable us to process your claim.

Your co-operation with regards to retrieval of the aforesaid deficiency shall be highly appreciated.

Thanking You,

Yours faithfully

Authorised Signatory

Dr. _____

For Paramount Health Services (TPA) Pvt. Ltd., Bangalore

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