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**REIMBURSEMENT CLAIM APPROVAL LETTER**

Date Generated : 10/05/2022

To

**RAM PRAKASH SINGH**

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MUMBAI - 0

Tel No:

Dear Sir/ Madam,

**Sub: Your Claim No: BLR-0522-CL-0000548 under Policy No: 421300/48/2023/299 our ID Card No: BLR-OI-A1243-001-0399361-B Patient: MADHU SINGH Hospitalisation at: DEVA CITY HOSPITAL on 17/04/2022**

**On scrutiny of the claim papers submitted by you and other relevant documents collected by us, we are pleased to inform you that as per the instructions of your Insurer M/s ORIENTAL INSURANCE COMPANY LIMITED the claim is being settled as per the Mediclaim Computation Sheet attached.**

We shall advise you the settlement particulars shortly.

For any further clarification in this regard, kindly contact us.

Thanking you,

Yours faithfully,

**Authorised Signatory**

**VIDAL HEALTH INSURANCE TPA PVT LTD**

[Note: This is a System Generated Letter.](#)

**Copy to:**

**ORIENTAL INSURANCE COMPANY LIMITED**

Leo Shopping Complex, 44/45,

3rd Flr, Residency Cross Rd, Bng - 25

**BANGALORE-560025**

**Karnataka**

Claim No. :

BLR-0522-CL-0000548

Claim Settlement No.

BLR-0522-CR-0003580

Claim Type :

Member

Policy No. :

421300/48/2023/299

Policy Type :

Corporate

Corporate Name :

ACCENTURE

Enrollment No. :

BLR-OI-A1243-001-0399361-B

Claimant :

MADHU SINGH

DOA :

17/04/2022

Address :

na

MUMBAI - 0

Insured Person :

RAM PRAKASH SINGH

Emp no./Ref-no. :

13052568

Sum Insured (Rs.) :

300,000.00

Balance (Rs.) :

296,093.00

Restricted Sum Insured (Rs.) :

270,000.00

Final Diagnosis :

laboratory investigation

Remarks :

H

Claim File No. :

BLR-0522-FL-0000774

Approval Date:

10/05/2022

Insurance Company :

ORIENTAL INSURANCE COMPANY LIMITED

Policy Start Date :

01/04/2022

Policy End Date :

31/03/2023

Payee Name :

RAM PRAKASH SINGH

Relationship :

Spouse

DOD :

22/04/2022

Hospital :

DEVA CITY HOSPITAL

Hospital Address :

faizabad

FAIZABAD-365241

DOB/Age :

28

IP No. :

JKJ6635

Settled Amt (Rs.) :

3,907.00

ICD Codes :

Z00.8

Balance Restricted Sum Insured (Rs.)

266,093.00

MEDICLAIM COMPUTATION SHEET

| SI No.  | Bill No. | Bill Date  | Nature of Expenditure | Amt Claimed Rs. | Disallowed / Non Medical Expenses Rs. | Amount Settled Rs. | Remarks |
|---------|----------|------------|-----------------------|-----------------|---------------------------------------|--------------------|---------|
| 1       | 1420     | 21/04/2022 | PHARMACY              | 1,037.00        |                                       | 1,037.00           |         |
| 2       | 1329     | 19/04/2022 | PHARMACY              | 60.00           |                                       | 60.00              |         |
| 3       | 1407     | 20/04/2022 | PHARMACY              | 190.00          |                                       | 190.00             |         |
| 4       | 347      | 20/04/2022 | PHARMACY              | 1,096.00        |                                       | 1,096.00           |         |
| 5       | 1353     | 20/04/2022 | PHARMACY              | 90.00           |                                       | 90.00              |         |
| 6       | 1526     | 22/04/2022 | PHARMACY              | 688.00          |                                       | 688.00             |         |
| 7       | 1341     | 19/04/2022 | PHARMACY              | 45.00           |                                       | 45.00              |         |
| 8       | 333      | 19/04/2022 | PHARMACY              | 1,435.00        | 300.00                                | 1,135.00           | cotton  |
| Total : |          |            |                       | 4,641.00        | 300.00                                | 4,341.00           |         |

Sum of Rupees : Rupees Three Thousand Nine Hundred and Seven Only

COPAY BREAKUP DETAILS

Copayment Charges (Rs): 434.00

Settled By : 011

Allowable Amt (Rs.) :

Discount allowed (Rs.) :

Deductible Amt (Rs.) :

Total Co-pay Amt (Rs.) :

Total Approved (Rs.) :

:

4,341.00

0.00

434.00

3,907.00

**Restricted Sum Insured  
(Rs.) :**

**Balance Restricted  
Sum Insured (Rs.)**