

CLAIM SETTLEMENT ADVICE

Date : 12/05/2021

Vidal Health ID No. : DEL-OI-H0351-001-0134025-D

Policy No.: 124500/48/2021/8833

Payee : APOLLO HOSPITALS ENTERPRISES LTD
Address : PLOT NO.-251 OLD SAINIK SCHOOL ROAD,UNIT -15
BHUBANESWAR
BHUBANESHWAR-751005
Phone : (Off):0674-6660401

Hospital : APOLLO HOSPITALS ENTERPRISE LTD. BHUBANESWAR

Corp Name : HCL TECHNOLOGIES LIMITED

Insured Name : SAMBIT KUMAR SAHOO

Claimant Name : BHAGABATI SAHOO

Settlement No. : DEL-0321-CH-0005316

Claim Approved Amount(Rs.) : 305051.00

Claim File No. : DEL-0321-FL-0007423

TDS Amount (Rs.): 30506.00

Dear Sir / Madam ,

Claim bearing No. DEL-0321-CL-0005019 against policy issued by ORIENTAL INSURANCE COMPANY LIMITED has been settled for Rs 305051 against the Amount Claimed for Rs 305051 towards Medical Expenses incurred for treatment of CA BREAST +BONE METS at APOLLO HOSPITALS ENTERPRISE LTD. BHUBANESWAR , BHUBANESHWAR for the period from 02/02/2021 to 16/02/2021. The details of the payment are as follows:

We have transferred the payment of Rs. 274545 vide EFT No. IFT21131027506 dated 11/05/2021 to the provided bank account, towards full and final settlement of the above-mentioned claim.

We are here to help:

In the event you have any grievance relating to this claim: Please write to, The Oriental Insurance Company Ltd. Customer Service Department, Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002 Or email to csd@orientalinsurance.co.in

You can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. And the updated list of Office of Insurance Ombudsman is available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

Thanking you,

Your truly,

For **VIDAL HEALTH INSURANCE TPA PVT.LTD**

Accounts Incharge

Please Note : Any amount disallowed for want of reports/prescriptions/receipts etc, can be represented within 7 days with respective records for our consideration.

Disclaimer: This is an electronic generated communication and does not require a signature

For more details call : 18604250254/080-46267021 or Website : www.vidalhealthtpa.com

And you can also download Vidal Health app via Google Play store / ios store

Please Note: To change any details in policy, get an endorsement from the Insurance Company

Vidal Health TPA Branch Office :

SJR iPark,1st Floor,Tower 2,EPIP Zone,Whitefield Road,Opp.Sathya Sai Hospital,BANGALORE,Karnataka,560066

Vidal Health TPA SJR iPark,1st Floor,Tower 2,EPIP Zone,Whitefield Road,Opp.Sathya Sai Hospital,BANGALORE,Karnataka,560066.

Approval Letter

Claim No. :	DEL-0321-CL-0005019	Claim File No. :	DEL-0321-FL-0007423
Claim Settlement No. :	DEL-0321-CH-0005316	Settlement Date:	26/03/2021 04:08 PM
Claim Type :	Network	Insurance Company :	ORIENTAL INSURANCE COMPANY LIMITED
Policy No. :	124500/48/2021/8833	Policy Start Date :	01/10/2020
Policy Type :	Corporate	Policy End Date :	30/09/2021
Corporate Name :	HCL TECHNOLOGIES LIMITED	Payee Name :	APOLLO HOSPITALS ENTERPRISE LTD. BHUBENESWAR
Enrollment No. :	DEL-OI-H0351-001-0134025-D	Relationship :	Mother
Claimant :	BHAGABATI SAHOO	DOD :	16/02/2021 12:00:00 PM
DOA :	02/02/2021 12:00:00 AM	Hospital :	APOLLO HOSPITALS ENTERPRISE LTD. BHUBENESWAR
Address :	NA	Hospital Address :	PLOT NO.-251 OLD SAINIK SCHOOL ROAD UNIT -15 BHUBANESWAR
	DELHI - 0		BHUBANESHWAR-751005
Insured Person :	SAMBIT KUMAR SAHOO	DOB/Age :	62
Emp no./Ref-no. :	51885230	IP No. :	4029
Sum Insured (Rs.) :	500,000.00	Auth.Amt (Rs.) :	305,051.00
		Settled Amt (Rs.) :	305,051.00
Balance (Rs.) :	194,949.00	ICD Codes :	MALIGNANT NEOPLASM OF BREAST - BREAST, UNSPECIFIED
Final Diagnosis :	CA BREAST +BONE METS		
Remarks :			

Sl No.	Bill No.	Bill Date	Nature of Expenditure	Amt Claimed Rs.	Disallowed / Non Medical Expenses Rs.	Amount Settled Rs.	Remarks
1	1	02/02/2021	CONSULTATION	21,500.00		21,500.00	
2	1	02/02/2021	LABORATORY INVESTIGATIONS	45,288.00		45,288.00	
3	1	02/02/2021	ROOM/BOARDING EXPENSES	64,050.00		64,050.00	
4	1	02/02/2021	PHARMACY	35,512.00	2,486.00	33,026.00	NME-CONSUMABLES
5	1	02/02/2021	RADIOTHERAPY	225,650.00		225,650.00	
6	1	02/02/2021	MISCELLANEOUS CHARGES	19,900.00	19,900.00		NME-MISCALLANEOUS

Total :		411,900.00	22,386.00	389,514.00	
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Sum of Rupees : Rupees Three Lakh Five Thousand and Fifty One Only

Settled By :	3883	Approval Amount (Rs) :	389,514.00
Initial :		Discount allowed (Rs.) :	8,200.00
		Deductible Amt (Rs.) :	0.00
		Total Co-pay Amt. (Rs.) :	76,263.00
		Total Approved (Rs.) :	305,051.00

Note:- The above payment is subject to applicable TDS.

This report is electronically generated no signature is required.

USE CASHLESS FOR CONVENIENCE

for details call : 080-4800-2100 website : www.vidalhealthtpa.com