



Date: 08-09-2025 02:50:00 PM

To,
Yashoda Super Speciality Hospital
Sardar Patel road, Secunderabad
City : Secunderabad
State : 500003
Fax : 27713333 extn: 190/23

CLAIM ID : 1575209
PATIENT NAME : PABBATHI ANNAPURNA
EMPLOYEE NAME: SANDEEP PABBATHI
EMPLOYEE NO : 260003010
POLICY HOLDER : GE

SUBJECT: Additional Information Request

Dear Sir /Madam,

With response to your requisition for offering CASHLESS hospitalisation to the mentioned patient , we would require the following information to ascertain the coverage for the patient.

Query Reason	Description
Surgical management	Confirmed diagnosis with supporting investigation report Biopsy report
Surgical management	Exact name of the surgical procedure to be done. with No of fraction

We request you to submit the above information on Hospital/ Doctor's letterhead by Treating Doctor in the next 24 hours or before discharge, whichever is earlier, else the same will be considered 'Denied for CASHLESS Benefits'.

Thanks & Regards,

Tel No.: 011-47222601, 47222615, 47222626, 7838807980

E-mail: support@volohealthtpa.com

Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)