

DATE : 13-May-2022

WITHOUT PREJUDICE

CLAIM No.: DEL-0522-CL-0004473

SHORTFALL LETTER

To

Mr. SENTHIL KUMAR T

NA,

DELHI, Delhi-0

Phone No: 8870845595

Email ID: SENTHIL.KUMART@HCL.COM

Agent Code:

Dev Officer Code:

Dear Sir,

Sub: **Claim Number:** DEL-0522-CL-0004473 , **Policy Number:** 124500/48/2022/3115 , **Corporate Name:** HCL TECHNOLOGIES LIMITED , **Policy Holder:** SENTHIL KUMAR T , **Employee ID:** 51841715 , **Patient Name:** MAHESWARI N , **Card Number:** DEL-OI-H0351-001-0117705-B , **Hospital Name:** ROYAL HOSPITAL , **Hospital IP Number:** 34 , **DOA:** 22-Apr-2022 , **Ailment:** fistula in ANO

We acknowledge receipt of claim documents in the above connection.

On a scrutiny of the papers received we notice that we require the following documents to proceed further:

1. Need cancelled check and lab reports

We shall be able to proceed further with the matter only on your submission of the above requirements along with copy of this letter.

You can submit the soft copy of the document at 'claimsdocuments@vidalhealthtpa.com' and send the hard copy within 15 days to the below mentioned address.

We seek your compliance as above within 7 days from the date of this letter.

Assuring you our best services at all times.

Thanking you,

Yours faithfully,

Authorized Signatory

Note: This is a system generated letter does not require signature.