



Claim Need More Info letter

Claim Number/Intimation Number:

Date: 08-07-2025

To,

Demo hospit
60 A Bhulabhai Desai Road
400026

Dear Sir/Madam,

This has reference to your request submitted on [10-07-2025]. We hereby authorize as per details mentioned below:

Patient Details

Patient Name	Prameela	Age	247 DAY
Gender	FEMALE	Payer Patient ID	MLLO0
Admission Date	06/Oct/2022	Discharge Date	18/Oct/2022
Length of stay		Line of Treatment	
Treated Doctor	Dr Keshava	Speciality	Cardiology
Availed Room Category	ICU		

Remarks:

Description: detail missing doc

[As you would be aware, insurance policy guidelines stipulate that hospitals are required to submit bills within 7 days from the date of discharge of the patient, to enable processing of the claim. Any further delay on the submission may lead to cancellation issued pre-authorisation /repudiation of claims from insurer with no recourse.]

Warm Regards,

Medverve Healthcare Pvt Ltd

Rekha Classic Arch, 3rd Floor, #75,

Panduranganagar, Bengaluru-

560076, India