



Claim Denial Letter

Claim Number/Intimation Number:

Date: 07-07-2025

To,

Demo hospital
60 A Bhulabhai Desai Road
400026

Subject: Denial of Cashless Claim [44598633]

Dear Sir/Madam,

We refer to the cashless claim request submitted by your hospital on behalf of the insured for hospitalization expenses. Based on the review, we regret to inform you that the claim has been **denied**. Please find the case details and reason for denial below.

Patient Details

Patient Name	fdghfd	Age	30
Gender	OTHER/NA	Payer Patient ID	4567654
Admission Date	01/Oct/2022	Discharge Date	16/Oct/2022
Length of stay		Speciality	Cardiology
Treated Doctor	Dr Keshava	Line of Treatment	
Availed Room Category	Gene		

Remarks: Claim Denied

Reason for Denial:

The Claim has been denied based on the following policy clause:

Description	

Since the claim does not fall within the purview of the Policy terms, and conditions, we regret our inability to admit the claim. If you have any other information or documents to substantiate admissibility of the claim, please provide the same within 15 days of receipt of this letter.

Warm Regards,

Medverve Healthcare Pvt Ltd

Rekha Classic Arch, 3rd Floor, #75,

Panduranganagar, Bengaluru-

560076, India