



## 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

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