



## 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

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

### Remarks: Claim Denied

#### Reason for Denial:

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

|                    |  |
|--------------------|--|
| <b>Description</b> |  |
|--------------------|--|

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***