



## Policy / Insured Information

Insurance Company	The New India Assurance Company Ltd.	Policy No.	111900/34/20/04/00000042	Policy Period.	31/03/2021-30/03/2022	Group Name	CITIUSTECH HEALTHCARE TECHNOLOGY PVT. LTD.
Insured Name	YOGESH KUMAR	Patient Name	YOGESH KUMAR	Employee Code	CT11487		
Age	23	Gender	MALE				
		* Email ID :		* Location :	SELECT		

		* Claim Amount :	
		Rs.	
		* City :	SELECT
* Name :			
* Date of admission :	Da	Mc	Ye
		* Diagnosis / Ailment :	SELECT AILMENT
		* Treating Doctor :	

☐ I accept all the below terms and conditions

**Terms and conditions \* marked fields are mandatory**

I hereby authorize Paramount Health Insurance & TPA Services Private Limited / Insurance company / Representative of insurance company to obtain my medical record / Information from Hospital / Nursing Home / Treating medical professionals / Family physician / Diagnostic centre / medical shops necessary to process the claims

1. Photo identity of the patient has to be carried to hospital during hospitalization
2. Sign /stamps of hospital on all papers are mandatory while submitting the file
3. Photo identity of the patient has to be attached along with the claim intimation /Document
4. Non submission of claim intimation within stipulated time of policy terms will result the claim as NO CLAIM.

Submit

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Quick Link

Paramount Health Services & Insurance TPA Pvt. Ltd. (PHS)  
began its journey in 1996.

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## Certification

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