

Via Email & Registered A.D

To,
The Insurance Ombudsman
Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054

Date: July 03, 2024

Subject: Dispute Regarding 'Sagar Doshi's claim partially paid' in Policy Claim ID: 81286604

Dear Sir / Madam,

I am writing to bring to your attention a concerning issue regarding my recent health insurance claim with Care Health Insurance Limited (Claim ID 81286604)

I hold the Care Advantage policy (Policy number -18487963) with your esteemed company since 2020. I appreciate the continued support and service provided by Care insurance Company over the years.

I am reaching out to bring to your attention an issue regarding a recent insurance claim submitted me. The claim in question was only partially paid, up to 3 Lakhs, which I believe merits reconsideration. (Claim number - 81286604)

The claim pertains to medical expenses incurred during my hospitalization at Nanavati Hospital. It has come to my attention that the claim assessment was influenced by the belief that the etiology of my condition, ischemic heart disease (IHD), was solely triggered by my pre-existing diabetes. However, I wish to highlight crucial information that challenges this assumption.

I have provided written confirmation from my attending physician, clearly stating that the development of ischemic heart disease cannot be pinpointed to have been triggered by diabetes. Furthermore, there is documented evidence indicating that I did not exhibit any symptoms of IHD prior to his hospitalization at Nanavati Hospital.

Additionally, it's important to note that I have been a diligent policyholder, having declared my diabetes at the inception of the policy in 2020. As per the terms of the policy, I have been entitled to continuity benefits, which were duly passed on from their New India policy.

Given these circumstances, I kindly request Team to reconsider the assessment of my claim under the Care Advantage policy. I believe that the initial decision may have been based on a misinterpretation of the etiology. of my condition and urge you to review the claim with due consideration to the provided medical evidence and policy terms. All the necessary documents have been duly attached with the mail.

I am prepared to provide any further documentation or clarification necessary to support Mr. Doshi's case. Your prompt attention to this matter would be greatly appreciated, as it directly impacts my well-being and financial security.

Brief Background: I, Mr. Sagar Doshi, Age 44 years have enrolled into Care Health Insurance Limited. I have duly paid all the renewal premiums on time. I've undergone a major surgery Nanavati Max Super Specialty Hospital, Mumbai,

Claim & Hospital Related Details:

Name of the claimant	Sagar Doshi
Policy No.	18487963
Date of Admission	21/03/2024
Date of Discharge	25/03/2024
Name of the Hospital	Nanavati Max Super Specialty Hospital, Mumbai,
Name of the Treating Doctor / Surgeon	Siddharth Sheth

As per the enclosed records, I underwent medical treatment at Nanavati Max Super Specialty Hospital, Mumbai, with a total bill amounting to INR 6,18,000/- However, the reimbursement provided by Care Health Insurance Limited. was only INR 3,00,000 .

The most disconcerting aspect of this reimbursement is the deduction of INR 3,18,000/-. It is imperative to address this deduction, as it appears to be arbitrary and unjustified. Allow me to provide a detailed explanation as to why this deduction is unreasonable:

- 1. Lack of Transparency in Determining 'Claim payment partially':** The process lacks transparency and accountability. Without clear guidelines and justification for such deductions, it leaves room for arbitrary decisions by the insurance company, leading to dissatisfaction among policyholders
- 2. Inadequate Reimbursement:** The reimbursement provided by the insurance company does not align with the expectations set by the policy's premium and coverage. Deducting a substantial portion of the claim amount severely undermines the purpose of having a high sum insured policy.

Also, I would like to bring to your notice that earlier claims were processed by Care Health:

PFB Claim ID:

94253137-03 - Approved amount INR 195512 /-

94253137-00 - Approved amount INR 35778 /-

Even medical expenses were also paid:

Claim No.: 94201772-01

Approved amount : INR 40054 /-

If policy limit was exhausted then how was it paid is a question, since, their statement in the 1st and last claim rejection and the amount approved are contradictory.

There are many instances where similar age group non diabetic patients developed triple vessel disease without damage, hence diabetes is the only cause alone does not seem necessary.

Given the above points, I request your kind intervention to reconsider the deduction made. I have fulfilled my obligation by opting for a comprehensive policy and paying the requisite premium. It is only fair that the insurance company honors its commitment to provide adequate coverage without arbitrary deductions.

I kindly request a thorough review of this matter and a prompt resolution in my favour. Your cooperation and understanding in this regard would be greatly appreciated.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

Sagar Doshi
+91 9819922878

