

**ADDITIONAL DOCUMENT REQUEST****WITHOUT PREJUDICE****Non Cash Less Claim**

Date : 10/02/2025

**Dev. / Agent Code** : 873357/91014000000001

**To,**  
Savarkhar Prkalp Grasta Majoor Sahakari  
Sanstha Ltd  
Kusum Ramchandra Gharat  
H.No.2 At Savarkhar, Post Jashar, Uran, Po Area  
RAIGARH(MH)  
MAHARASHTRA  
400702  
Contact No: 7208318258

**Policy No.** : 260700/50/24/10000708  
**Insurance Co.** : National Insurance Company Limited  
**CCN** : **MDI9141485**  
**Patient Name** : Kusum Ramchandra Gharat  
**MDID No** : MDI5-0040851743  
**Employee Code** :  
**Employee Name** : Kusum Ramchandra Gharat  
**Hospital Name** : Shree Siddhivinayak Multispeciality Hospital  
**Date of Admission** : 11/12/2024  
**Date of Discharge** : 13/12/2024  
**Diagnosis** : Gastritis With Saio With Anemia

Dear Sir/Mam,

We have received your claim documents. We request you to provide following additional Information / Documents / Clarifications at the earliest. Please note that your claim document is pending for the same.

**Deficiency**

Please provide Authentic Final Hospital bill with detail breakup with bill no with bill date

Regards,

Claims Department

This is a computerized statement. Hence dosen't require signature.

**Note : In case we do not receive the requested information / Documents / Clarifications within 15 days, your claim file will be closed under "Claim not pursued by Claimant".**

In Case you are already submitted the required documents, kindly ignore this communication.

**MDINDIA HEALTH INSURANCE TPA PRIVATE LIMITED**

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