

### Shri Vile Parle Kelavani Mandal's

# Institute of Technology, Dhule.

Survey.No. 499, Plot No. 02, Behind Gurudwara, Mumbai - Agra Road, Dist. Dhule, Maharashtra, 424001

Phone No.: (02562) 297801, 297601

Web: svkm-iot.ac.in

Mail: IOTDhule@svkm.ac.in

# Medi-claim Beneficiaries





### CLAIM PAYMENT LETTER

To

Dated- 10-May-2021

ATUL PATWARI Shri Bhaidas Maganlal Sabhagriha Building. VILEPARLE(WEST) S.O GREATER MUMBAI (M CORP.) PART MAHARASHTRA 100056

Dear Sir/Madam,

Subject: Settlement details of Claim number 2021041700121.R1 under Policy number H0582324 GHI for treatment of ATUL PATWARI.

NAME OF PATIENT:	ATUL PATWARI	AGE:	32
MEMBER ID:	H0582324-2386-00	GENDER:	MALE
PRIMARY MEMBER:	ATUL PATWARI	RELATION:	SELF
HOSPITAL NAME:	Sharddha hospital, plot no 92A/92 I opp hotel ganpati malegaoan road agra road Dhule	DOA:	15/04/2021
		DOD:	21/04/2021
DIAGNOSIS:	Viral pneumonia, not elsewhere classified	TREATMENT:	Conservative Management

We are pleased to inform you that the claim has been approved for ₹ 111288.0. Payment details are as under

. Billed Amount : ₹ 135,855

Less: Deductions ( Details as per Annexure I ) : ₹ 24,567

Approved Amount : ₹ 111,288

Add: GST : ₹ 0

Less: Tax deducted at source : ₹ 0

Less. Deduction due to reinstatement premium
 ∃ ₹ 0
 Payment Amount
 ∃ ₹ 111,288

Cheque / DD / NEFT UTR Number : NFT-050600327GN00052XXXXXXX

Cheque / DD / NEFT UTR Date
 Payee A/c Number
 Payee Bank Name
 BANK OF BARODA

Please note that the above payment amount is full and final settlement of your claim. However, in case you have any queries please write to us at << <a href="healthcrm@iffcotokio.co.m">healthcrm@iffcotokio.co.m</a> within 7 days from the receipt of this letter or you may contact us at Corporate Health Claims Team, IFFCO Tokio General Insurance Co. Ltd, IFFCO Tower, Plot no.3, Sector- 29, Gurugram, Haryana-

This is a computer generated statement, hence bears no signature.

## Annexure-l

Deduction Types/ Heads	Amount	Explanation of Deduction
Registration and Service Tax	500.0	500 - REGISTRATION CHARGES NOT PAYABLE
RoomNursingCharges	13800.0	3000- RMO charges not payable 10800 - as per policy room rent with nursing charges payable 2000/- per day but patient availed higher room with nursing room of 3800/- hence deducted excess charges 1800*6 = 10800
MedicineConsumableCharges	3567.0	2180- face mask, cap, gloves, 100- easyffx, 153- thee way, 710- hi mask, 104- gloves. 150- cotton, 170- oxy set are not payable items
MiscellaneousCharges	6000	6000 - BMW charges not payable
InvestigationCharges	700.0	700 - 14 BSL report is not submitted



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

Reyd. Office: \* IFFCO Sadan \*, C-1, District Centre, Saket, New Delhi - I10017 Corporate Office: IFFCO Tower II, Plot No. 3, Sector 29, Gurgaen - 122001 (Haryand) Phone: +91-0124-2850100, Fax: +91-0124-2577923, 2577924 Corporate Identity No. (CIN): U749990x2000PtC107621, IRDA Regn. No. 108





## Shri Vile Parle Kelavani Mandal

New NMIMS Building, 10th floor, Bhaktivedanta Swami Marg, Vile Parle (West), Mumbai - 400 056 Tel. No. 4219 9999 - Fax: 2613 3400

# INTERNAL MEMO

Date

15th Jun, 2021

To

DR NILESH SALUNKE

Principal - SVKM's Institute of

Technology - DHULE

From

Sachin Khot

Health - Help Desk Executive

- SVKM

SUB

Mediclaim settlement of Mr. ATUL PATWARI (SVKM's Institute of

Technology)

Dear Sir,

Please find enclosed cheque drawn on Bank of Baroda Bank, Juhu Branch towards full & final settlement of Mediclaim details given below;

Sr. No.	Cheque No.	Cheque Date	Amount	Pay in favors of
1	000014	10/06/2021	Rs.111288/-	ATUL PATWARI

Kindly acknowledge the same.

Regards,

Yours faithfully, For & On behalf of ori Vile Parle Kelayani Mandal

SVKM's INSTITUTE OF TECHNOLOGY, DHULE inward No.- 169
Date.- 22/06/1202/

3(a) Sign.

Shri Vile Parle Kelavani Mandal

Sachin Khot Health help Desk - Executive - SVKM

Received on 23/06/2021

जारा का गड़ ताराख स ताल जुहु बिले पार्ले-४०००५६ JUHU VILE PARLE RTGS/NEFT IFSC CODE : BARBODBJUHU चालू खाता । CURR	CBS	VALID FOR	THREE MON	THS FROM THE PROPERTY Y	HE DATE O	FISSUE
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खा. सं. A/c. No. <b>71240200000388</b>						
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#\*000014# 400012261# 200388# 29





Bajaj Allianz General Insurance Co. Ltd

Claim Approval Letter

Date: 28-DEC-2019

DARSHANKUMAR PATEL

Sakri Road

DHULE 424001

Phone: [02562]245995

#### Insured Details

Thistired Details				
Policy Number	OG-19-1911-8403-00000018			
Claim Number	OC-20-1002-8403-00148456			
Claim ID	3765215			
Policy Period	From: 26-DEC-18 To: 25-DEC-19			
Name Of The Company	SHRI VILE PARLE KELAVANI MANDAL			
Joining Date	11-JUN-2018			
Name Of The Employee/ Insured	DARSHANKUMAR PATEL			
ID Card No	GMC-19191130018-2979			
Employee No	2979			
Name Of The Patient	DARSHANKUMAR PATEL			
Age	26			
Relation	SELF			
Hospital Name	Institute Of Urology - Dhule			
Period Of Hospitalisation	DOA: 02-DEC-2019 DOD: 03-DEC-2019			
Final Diagnosis	phimosis			

## Claimed Amount Details

Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.

Particular	Bill Amount	Disallowed Amount	Approved Amount	Disallowance Reason
Room Charges	3000	1500	1500	Room restricted max upto Rs.1000 only.
Doctor Charges	2400	500	1900	RMO charges are not payable.
Surgeon Charges	6000	0	6000	
OT Charges	1400	0	1400	
Nursing Charges	200	0	200	
Pharmacy Charges	5682	0	5682	
Pathology Charges	2350	0	2350	
Pre Hospitalisation	2220	0	2220	
Post Hospitalisation	819	0	819	

## **Payment Details**

Claimed Amount	24071
Total Approved Amount	22071
Disallowed Amount	2000
Beneficiary Name	SHRI VILE PARLE KELAVANI MANDAL

<sup>\*</sup> Said approved amount will be remitted in the account within 2-3 working days

In case of any query, kindly contact us at hat@bajajallianz.co.in or 020-30305858 With warm regards,

Carpern

Authorised Signatory

Authorised Signatory

For Bajaj Allianz General Insurance Co. Ltd. Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014

Health Administration Team Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7

Email: hat@bajajallianz.co.in Website: www.bajajallianz.com



### CLAIM PAYMENT LETTER

Dated- 07-Oct-2021

To

YOGESH BAFNA Shri Bhaidas Maganlal Sabhagriha Building,

Dear Sir/Madam,

Subject: Settlement details of Claim number 2021082802272.R1 under Policy number H0582324 GHI for treatment of MAYURI BAFNA.

NAME OF PATIENT:	MAYURI BAFNA	AGE:	33
MEMBER ID:	H0582324-1487-01	GENDER:	FEMALE
PRIMARY MEMBER:	YOGESH BAFNA	RELATION:	SPOUSE
HOSPITAL NAME:	Sai Manavata Hospital, Gondur road opp stadium dhule	DOA:	25/08/2021
		DOD:	27/08/2021
DIAGNOSIS:	Fever of other and unknown origin	TREATMENT:	Conservative Management

We are pleased to inform you that the claim has been approved for ₹ 12726.0. Payment details are as under

Billed Amount : ₹ 15,616

Less: Deductions ( Details as per Annexure I ) : ₹ 2,890

Approved Amount : ₹ 12,726

Add: GST : ₹ 0

Less: Tax deducted at source : ₹ 0

Less: Deduction due to reinstatement premium : ₹ 0

Payment Amount : ₹ 12,726

Cheque / DD / NEFT UTR Number
 Cheque / DD / NEFT UTR Date
 : NFT-127901450GN00011XXXXXXXX
 Cheque / DD / NEFT UTR Date
 : 05/10/2021

Cheque / DD / NEFT UTR Date : 05/10/2021
 Payee A/c Number : 7124040000039
 Payee Bank Name : BANK OF BARODA

Please note that the above payment amount is full and final settlement of your claim. However, in case you have any queries please write to us at << healthcrm@iffcotokio.co.in >> within 7 days from the receipt of this letter or you may contact us at Corporate Health Claims Team, IFFCO Tokio General Insurance Co. Ltd, IFFCO Tower, Plot no.3, Sector-29, Gurugram, Haryana-122001.

This is a computer generated statement, hence bears no signature.

## Annexure-I

Deduction Types/ Heads	Amount	Explanation of Deduction
MedicineConsumableCharges	190.0	3 way-100, Fix plast-50+40.
InvestigationCharges	2700.0	Rs- 1800/ advised note for Investigation not provided dated 23/08/2021, Rs- 900/- advised note for investigation not provided dated 24/08/2021.







Hegd. Office: "IFFCO Sadsn.", G-1, Detrict Centre, Saket, New Delhi - 110017 Corporate Office: IFFCO Tower II, Plot No. 3. Seutor 28, Gurgaon - 12200; (Plaryana) Phone: +91-0124-2850100, Fax: +91-0124-2577923, 2577924 Corporate Identity No. (CIN): UZ469901.2000PLC107621, IRDA Rogn. No. 108





## Shri Vile Parle Kelayani Mandal

New NMIMS Building, 10th floor, Bhaktivedanta Swami Marg, Vile Parle (West), Mumbai - 400 056 Tel. No. 4219 9999 - Fax: 2613 3400

# INTERNAL MEMO

Date

08th Oct, 2021

To

: DR NILESH SALUNKE

: Principal - SVKM's Institute of

Technology - DHULE

From: Sachin Khot

: Health - Help Desk Executive

- SVKM

SUB

Mediclaim settlement of Mr. YOGESH BAFNA (SVKM's Institute of

Technology)

Dear Sir,

Please find enclosed cheque drawn on Bank of Baroda Bank, Juhu Branch towards full & final settlement of Mediclaim details given below;

Sr. No.	Cheque No.	Cheque Date	Amount	Pay in favors of
1	000335	08/10/2021	Rs. 12726/-	YOGESH BAFNA

Kindly acknowledge the same.

Regards,



Yours faithfully, For & On behalf of Shri Vile Parle Kelavani Mandal

Received Yfahre

Sachin Khot Health help Desk - Executive - SVKM

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## Shri Vile Parle Kelavani Mandal

New NMIMS Building, 10th floor, Bhaktivedanta Swami Marg, Vile Parle (West), Mumbai - 400 056 Tel. No. 4219 9999 - Fax: 2613 3400

# INTERNAL MEMO

Date

: 08th Oct, 2021

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Regards,



For & On behalf of Shri Vile Parle Kelavani Mandal

Received Yfame

Sachin Khot Health help Desk - Executive - SVKM



Dated- 07-Oct-2021

### CLAIM PAYMENT LETTER

YOGESH BAFNA Shri Bhaidas Maganlal Sabhagriha Building,

Dear Sir/Madam,

Subject: Settlement details of Claim number 2021082802272.R1 under Policy number H0582324 GHI for treatment of MAYURI BAFNA.

NAME OF PATIENT:	MA YURI BAFNA	AGE:	33
MEMBER ID:	H0582324-1487-01	GENDER:	FEMALE
PRIMARY MEMBER:	YOGESH BAFNA	RELATION:	SPOUSE
HOSPITAL NAME:	Sai Manavata Hospital,Gondur road opp stadium dhule	DOA:	25/08/2021
		DOD:	27/08/2021
DIAGNOSIS:	Fever of other and unknown origin	TREATMENT:	Conservative Management

We are pleased to inform you that the claim has been approved for ₹ 12726.0. Payment details are as under

: ₹ 15,616 · Billed Amount

\* Less: Deductions ( Details as per Annexure I ) : ₹ 2,890

· Approved Amount : ₹ 12,726 · Add: GST :₹0

. Less: Tax deducted at source :₹0 . Less: Deduction due to reinstatement premium :₹0

: ₹ 12,726 Payment Amount

• Cheque / DD / NEFT UTR Number : NFT-127901450GN00011XXXXXXX

. Cheque / DD / NEFT UTR Date : 05/10/2021 Payee A/c Number : 71240400000039 : BANK OF BARODA · Payee Bank Name

Please note that the above payment amount is full and final settlement of your claim. However, in case you have any queries please write to us at << healthcrm@iffcotokio.co.in >> within 7 days from the receipt of this letter or you may contact us at Corporate Health Claims Team, IFFCO Tokio General Insurance Co. Ltd, IFFCO Tower, Plot no.3, Sector- 29, Gurugram, Haryana-

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#### Annexure-I

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InvestigationCharges	2700.0	Rs- 1800/ advised note for Investigation not provided dated 23/08/2021, Rs- 900/- advised note for investigation not provided dated 24/08/2021.





IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

Regd. Office: "IFFCO Sadan", C-1, District Centre, Saket, New Delhi - 110017 Corporate Office: IFFCO Tower II, Plot No. 3, Sector 29, Gurgnen - 122001 (Heryana) Phone: +91-0124-2850100, Fax: +91-0124-2577923, 2577924 Corporate Identity No. (CIN): U7469901.2000PLC107621, IRDA Rogn. No. 103



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खा. सं. A/c No.	71240400000039	FOR SHRI VILE PARLE KELAVANI MANDAL
		Ind A
CA/2012	भारत की सभी शाखाओं में सममूल्यपर देय Payable at par at all branches in India	Please sign above

#000335# 400012261# 400039# 29





### CLAIM PAYMENT LETTER

To

YOGESH BAFNA Shri Bhaidas Maganlal Sabhagriha Building,

Dear Sir/Madam,

Subject: Settlement details of Claim number 2021112400008.R1 under Policy number H0582324 GHI for treatment of EVANT BAFNA.

NAME OF PATIENT:	EVANT BAFNA	AGE:	8
MEMBER ID:	H0582324-1487-02	GENDER:	MALE
PRIMARY MEMBER:	YOGESH BAFNA	RELATION:	SON
HOSPITAL NAME:	Tuljai Hospital,24-33 rajnigandha plaza agra road dattamanmdir chowk deopur dhule	DOA:	20/11/2021
		DOD:	28/11/2021
DIAGNOSIS:	Other sepsis, Viral and other specified intestinal infections	TREATMENT:	Conservative Management

We are pleased to inform you that the claim has been approved for ₹ 49832.0. Payment details are as under

 Billed Amount : ₹ 58,004

Less: Deductions ( Details as per Annexure I ) : ₹ 8,172

- Approved Amount : ₹ 49,832 - Add: GST : ₹ 0

 Less: Tax deducted at source :₹0

« Less: Deduction due to reinstatement premium : ₹ 0

 Payment Amount : ₹ 49,832

- Cheque / DD / NEFT UTR Number : NFT-201300110GN00547XXXXXXX

- Cheque / DD / NEFT UTR Date : 12/01/2022 Payee A/c Number : 71240400000039 · Payee Bank Name : BANK OF BARODA

Please note that the above payment amount is full and final settlement of your claim. However, in case you have any queries please write to us at << healthcrm@iffcotokio.co.in >> within 7 days from the receipt of this letter or you may contact us at Corporate Health Claims Team, IFFCO Tokio General Insurance Co. Ltd, IFFCO Tower, Plot no.3, Sector-29, Gurugram, Haryana-122001.

This is a computer generated statement, hence bears no signature.

#### Annexure-I

Deduction Types/ Heads	Amount	Explanation of Deduction
RoomNursingCharges	7200.0	7200- as per policy entitlement for room with nursing charges is 2000/- per day but patient used higher room of 2800/- hence deducted excess 800*9=7200
ProfessionalFeesCharges	900.0	900- intracath charges is part of nursing charges which is already paid hence deducted
MedicineConsumableCharges	72.0	44- adhesive tape, 28- gloves are non payable items



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

Regd. Office; "IFFCO Sadan", C-1, District Centre, Saket, New Dolhi - 110017 Corporate Office: IFFCO Tower II, Pilet No. 3, Seuter 29, Gurgann - 122001 (Haryana) Phone: +91-0124-2850100, Fax: +91-0124-2577923, 2577924 Corporate Identity Mo. (GIM): U74898DL2000PLC107621, IRDA Regn. No. 108



Dated- 17-Jan-2022



## Shri Vile Parle Kelavani Mandal

New NMIMS Building, 10th floor, Bhakti Vedanta Swami Marg, Vile Parle (West), Mumbai - 400 056 Tel. No. 4219 9999 - Fax: 2613 3400

# INTERNAL MEMO

Date: 19th Jan, 2022

To

: DR NILESH SALUNKE

: Principal - SVKM's Institute of

Technology - DHULE

From

: Sachin Khot

Health help Desk - Executive - SVKM

CC

: Mr. Debasish Ray

: Jt. Director - HR

SUB

Mediclaim settlement of Mr. YOGESH BAFNA (SVKM's Institute of

Technology)

Dear Sir/Madam,

Please find enclosed cheque drawn on Bank of Baroda Bank, Juhu Branch towards full & final settlement of Mediclaim details given below;

Sr. No.	Cheque No.	Cheque Date	Amount	Pay in favors of
1	000630	18/01/2022	Rs 49832/-	YOGESH BAFNA

Kindly acknowledge the same.

Regards,

Yours faithfully, For & On behalf of Shri Vile Parle Kelavani Mandal

92/-01-9-022

Sachin Khot Health help Desk - Executive - SVKM

वैक ऑफ़ बड़ीदा Bank of Baroda	जारी की जेवीपीडी जुहू शाखा, मुंबई -४०००४६ JVPD JUHU BRANCH , MUMBAI-40004 RTGS / NEFT IFSC CODE: BARBODBJUHU		THREE MONTHS FROM THE DATE OF ISSUE  CBS
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