

Deficiency Letter

To,
RAINBOW CHILDRENS MEDICARE PRIVATE LTD. (50001094)
OPP NEW KARKHANA POLICE STATION,H.NO. 3-7-222 AND 3-7-223,SY NO 51
TO 54,KARKHANA MAIN ROAD,KAKAGUDA
Hyderabad
Secunderabad
500009

Date : 09/Jun/2026
AL No : 82365714-00

Subject :- Additional information required for Pre-Auth of " Cheerla Vamika "

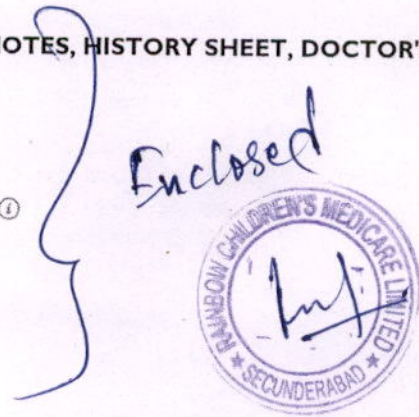
Dear Sir/Madam,

We acknowledge receipt of your claim documents pertaining to the above-mentioned health insurance claim.

During the course of evaluation, it is observed that certain additional medical records are required to complete the assessment of your claim. We are committed to assisting you in obtaining the necessary information to ensure a smooth and timely claim settlement.

INFORMATION/DOCUMENTS REQUIRED

- 1. COMPLETE INDOOR CASE PAPERS WITH ADMISSION NOTES, HISTORY SHEET, DOCTOR'S NOTES, NURSING NOTES AND VITAL CHART.** ⓘ
VITAL CHART , ICP
- 2. DOCUMENTS REQUIRED**
BIRTH DISCHARGE SUMMARY
- 3. INVESTIGATION REPORT SUPPORTING DIAGNOSIS.** ⓘ
UPDATED INVESTIGATION REPORT
- 4. PRE HOSPITALISATION OPD TREATMENT RECORD.**



Click on the ⓘ button to know more about the query.

Care for You

- If the above documents are available with you, you may kindly share the same for faster processing.
- In case these records are maintained by the hospital/diagnostic center/clinic/medical practitioner, we shall assist in coordinating with the specified facility/ person to obtain the required documents, subject to receipt of your consent/authorization.

To enable us to collect the required medical records on your behalf, please find the Consent Authorization Form annexed herewith. We request you to kindly enter the required details in the consent form along with the details of hospital/ diagnostic center/clinic/medical practitioner where above information / documents are available.

Please be assured that your claim will continue to be processed with due priority, and any additional inputs required from you will be

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sector-43, Gurugram -122009 (Haryana)

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

REACH US @

 Care Health- Customer App	 WhatsApp 8860402452	Self Help Portal: www.careinsurance.com/self-help-portal.html Submit Your Queries/Requests: www.careinsurance.com/contact-us.html
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UMR: 1250200002



MIMS

(Mediciti Institute of Medical Sciences)
DEPARTMENT OF PAEDIATRICS
IMMUNISATION AND HEALTH RECORD

NO. 1081

MR No. _____

IP No. _____

Name of Child Blo kavya

Father's Name P. Raveen Kumar

Date of Birth 12/25 (3.07.20)

Home Address Thuvakapally

Shanigapet

M.D.C.

8143518 758

Village Name _____

Family Code _____

BIRTH RECORD

Sex : Male / Female

1250200002

Delivery : Normal / Vacuum /
Forceps / Caesarean

Material Complications : _____

Neonatal Complications : _____

Birth Weight : 2.75kg

Length : 47cm

Head Circumference : 33.2cm

Blood Group : A +ve

Remarks : MBH AB +ve

@S3HOL1- TSB-10.2

T5H-2.68

T3-9.619

T4-16.25

Review after 2 days for checkup
(Thursday)

Immunisation Record

Age	Vaccine	Due Date	Given Date	Remarks
Birth	BCG Vaccine, OPV D1, Oral Polio Vaccine		<u>12/25</u>	
2 weeks				
1	OPV & Polio, Hepatitis B Vaccine		<u>12/25</u>	
4 weeks	SB-Caeg Vaccine			
8	OPV & Polio			
16	Hepatitis B Vaccine			
months	SB-Caeg Vaccine			
24	OPV & Polio			
36	Hepatitis B Vaccine			
48	SB-Caeg Vaccine			
6	Meninge Vaccine			
months	SB-Caeg Vaccine			
18	OPV Booster			
months	OPV Booster			
24 months	OPV Booster			
36 months	OPV Booster			
48 months	OPV Booster			

Additional Vaccines

MMR Vaccine

Typhoid Vaccine

Hepatitis A

Varicella Vaccine

Rubella Vaccine