

PART A – TO BE FILLED BY THE INSURED			
Policy Number	MHI/GRP/2025/0074813	Member / Employee ID	MA99884417
Name of Insured	Anitha Raghunathan	Employer / Group	Northwind Technologies Pvt. Ltd.
Name of Patient	Anitha Raghunathan	Relationship to Insured	Spouse
Date of Birth	04 Nov 1995	Mobile	90****7712
Date of Admission	14 Oct 2025	Date of Discharge	18 Oct 2025
Hospital	Sunrise Multispeciality Hospital		
Nature of Illness	Term pregnancy, 39 weeks, previous one caesarean section, in early labour		
Amount Claimed	RS. 1,02,142.00	Bank A/c for NEFT	HDFC 4471
Date of Intimation	14 Oct 2025, 09:10	Date of Submission	22 Oct 2025

I declare the above to be true to the best of my knowledge. I have not lodged this claim with any other insurer. I authorise the hospital to release my medical records to the insurer and its administrator for adjudication.

Anitha.

Signature of Insured

Date & Place

PART B – TO BE FILLED BY THE HOSPITAL			
Nature of admission	Emergency / Planned	Room category	Semi-private
Total bill amount	Rs. 1,02,142.00	Non-medical / excluded	As per annexure

Hospital Seal & Signature

TPA DESK