To,
The Manager
Star Health Insruance
Branch .....

Date :

Subject : -- Deduction Reopen or Rejection Reopen Request

for Claim No .....

Respected Sir/Madam,

This is to inform you that I had kept Claim under Star Health Policy no .....

Claim is of My self/son/wife's etc.Name .....

Admitted in Hospital .....

for the treatment of Diseases .....

DOA ..... And DOD ..... , For .....days

Having Claim Amount .....!

My Matter of Request to Reconsider Deduction or Rejection with justification is as follows :

.1.....

.2.....

.3.....

.4.....

I Request to Reopen and consider Deduction of amount or Rejection reconsideration based on above clarification / justification given or submitted herewith.

Enclose here with Documents (If any) -
1 Dr's Certificate
2 Report
3 Any other documents

Thanking You,

Your's Sincerely
(Insured/ Patient's Signature only)

Date.....

To be filled by BM/SM/Agent – Compulsory

Policy Since When .....No of Claim's.....

ICR / ClaimRatio of Agent / SM/ B.O & Zone __ /____ /___ /_____

SM/Agent ---CMD/ E.D/V.P /Z.M Club Member (Tick Applicable)

Branch Manager's Remark & Recommendation_____

_____

Branch Manager's Sign & Stam_____