



To,  
The Medical director / Medical Records Dept,  
Paramitha Children's Hospital  
Beside karachi bakery, Gren Hills colony, kothapet Main road, Hyderabad-500035

Respected Sir / Madam ,

This is to inform that **M.KARTHIK**, is authorized by AYU Health Allied services (associates of Care Health Insurance), to collect the required information and document about **Daravat Manitej**, insured under Care Health Insurance.

The insured had received the treatment service from your esteemed institute DOA : **03-01-2021** , DOD **05-01-2021** , UHID /IP No :


To process this claim we need the Xerox copies of the entire Case Sheets (Admission Notes , Progress notes, temperature chart , Vitals , Drug Chart , Nurses Notes , Anesthesia Notes , OT notes , etc .,) and other relevant records (Bill copies, Doctor statements, IP register, lab register, OP records, Past admission records, AR /MLC Copy , etc.,) along with the hospital criteria details with seal and attestation .

Expecting your prompt action and Kind co-operation , in order to serve the client better . Kindly do the needful .

Thanking You ,

Yours Truly ,



  
(Mr Rateesh Kumar K V)  
Manager AYUHAS

( This letter is valid only for 7 working days from the date of issue)

MEDICAL COUNCIL OF INDIA NOTIFICATION No. MCI-211(2)/2001/Registration. In exercise of the powers conferred under section 20A read with section 33(m) of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India, with the previous approval of the Central Government, hereby makes the following regulations relating to the Professional Conduct, Etiquette and Ethics for registered medical practitioners, namely:-

1.3 Maintenance of medical records:

1.3.1 Every physician shall maintain the medical records pertaining to his / her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard format laid down by MCI.

1.3.2. If any request is made for medical records either by the patients / authorized attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.

No 86, Thiruneelakandan Nagar Street 4, Puzhal, Kavankarai , Chennai 600066 .Ph : 044-2659 00 22  
E-mail: info@ayuhhas.com ; Web : www.ayuhhas.com

### Acknowledgement Receipt

I ..... (Name and Designation) have received the request for the medical records of the below mentioned patient on ..... (Date) and confirm you that the documents can be collected/Verified on..... (Date)

Patient Name : Daravat Manitej , IP No: DOA: 03-01-2021 DOD: 05-01-2021

Hospital Seal :

Hospital Authorized person Signature :