



Medi Assist Insurance TPA Pvt. Ltd

Member communication

(Private and confidential - not to be shared with hospitals/ other collaborators)

Date: 19 Dec 2025 13:35

Dear Aniket Jain,

With reference to your request (47528676) for final cashless pre-authorization, we hereby authorize INR **250000** against your final bill amount INR **432863**. The details of the pre-authorization are as follows:

***Note: If you have a top-up policy, it can cover costs that exceed your base policy limit. A separate claim will be created, and you will receive a separate update regarding the approval based on the policy terms and conditions.**

Patient Details

Patient Name	Pratyush Chandra Jain
Relation to Primary Beneficiary	Father
Age	56
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5135318261
Policy Holder	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD
IP No.	
Policy No.	97000063250400000067_SEZ
Policy/Plan Period	01 Nov 2025 to 31 Oct 2026
Primary Beneficiary	Aniket Jain
Insurer Claim No	TP00397000025900109600
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Spondylolisthesis, lumbar region
Expected/Actual Date Of Admission	15 Dec 2025 12:00 PM
Treating Doctor	HITESH GARG
Procedure / Treatment Planned	laminectomy
Estimated/Actual Date of Discharge	19 Dec 2025 12:00 PM
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	Single Ward (Private / Special / Executive Ward)
Hospital Name	Artemis Health Institute

Approval Information

Claimed amount	Discount applied	Approved amount (by Insurer)	Excess billing (Not to be paid by you)	Out of pocket expenses (To be paid by you)
432863	34218	250000	9375	139269

Note:

- KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
- Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
- Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

Detailed breakup as follows:

Claimed amount :	432863		
Deduction reason	Deduction amount	Deduction remarks	Derivation
(i) Extra billing over package/tariff/SOC(Not paid by you)	9375		423488
(ii) Discount from Hospital as per Contract	34218	Hospital Discount	389270
(iii) Non-admissable as per policy terms	6125	MSC0139 - IPD REGISTRATION & REPORT REVIEW CHARGES:-550.00; MSC0150 - MEDICAL RECORD CHARGES:-2000.00; MSC0138 - BIO MEDICAL WASTE:-250.00; PRO201 - DISINFECTION CHARGES (IP):-2500.00; Excess of Tariff rates - not to be collected from the patient: 9375.00:-9375.00; MSC015 TPA PROCESSING CHARGES:-825.00:-825.00	383145
(iv) Higher room rent occupancy and related medical services	0		383145
Copay	57472	15% of copay was applied on 383144.00 as per your policy T&C (upto the capped value, if applicable): 57471.60 (Policy Copay) on Rs. 383145	325673
(vi) Defined ailment / procedure limit (Sub-limit) in policy	0		325673
(ix) Mandatory deductible	0		325673
(vii) Eligible sum-insured under the policy	75672	Excess of BSI	250001
(viii) Reasonable cost	0		250001
(ix) Other deductions applicable	0		250001
(x) Due Premium collected	0		250001
Final Authorized amount :			250001

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	13 Dec 2025 11:54	552500	199006
2	Pre-Auth Processed	19 Dec 2025 11:02	432863	250000

Authorization Remarks :

final settlement will be as per hospital agreed SOC tariff

In case of package claim :

Claimed package / bill amount	144375
Excess of tariff/ package	9375.0
Discount on package billing	0
Non medical items	0.0
Reasonable cost	0

Applied package amount as per policy guidelines : 135000

In case of package claim :

Claimed package / bill amount	61188
Excess of tariff/ package	0.0
Discount on package billing	0
Non medical items	825.0
Reasonable cost	0

Applied package amount as per policy guidelines : 60362

Total Authorized amount is Rs 250000 (Indian Rupees Two Lakh Fifty Thousand only Only).

Definitions :

Definitions :

i. **Excess of agreed tariff / Package billed by the hospital** - Package Rate means the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be determined in accordance with the rates provided in this Contract.

ii. **Discount from Hospital as per Contract** - A hospital discount is a reduction in a hospital's Final bill or specific bill component amount for medical treatment, surgery, diagnostic, or any other healthcare service provided. Typically, insurers/TPA offer these discounts to reduce claimants out-of-pocket expenses.

iii. **NME** - Non-admissible expenses are usually those expenses that may be a part of the hospitalization or treatment procedure but are not necessarily included in health insurance coverage due to various reasons.

iv. **Proportionate deduction** - Proportionate Deduction is a deduction applicable on 'Associate Medical Expenses', if the Insured Person opts for a higher Room than his/her eligible category.

v. **Copay** - Is a cost-sharing requirement under a health insurance policy that provides that the Insured Person will bear a specified percentage of the admissible amount. A co-payment does not reduce the Sum Insured.

vi. **Capping or sub-limit** - Means a cost sharing requirement under a health insurance policy in which the insurer would not be liable to pay any amount in excess of the pre-defined limit. The limit will be on the ailment or the procedure or a sub-limit on the sum insured.

vii. **Sum insured** - Sum Insured is the maximum amount of coverage opted for each Insured Person under the Policy with specific Period.

viii. **Usual, Customary, and Reasonable (UCR)** - Reasonable and customary clause means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

ix. **Deductible** - A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

x. **Due Premium** - The Health Insurance Premium is the amount of money need to pay periodically to an insurer in order to avail the medical coverage as well as to ensure that the policy remains in force.

Beneficiary Information :The guideline provided above is for your information only. The benefit terms, conditions, exclusions, limitations and claim procedure etc. are as per your Medclaim policy conditions. In case of any dispute, the interpretation and decision by the Insurer/ Payer is final.

Note: In no event shall Medi Assist Insurance TPA Pvt. Ltd be liable for any direct, indirect, punitive, special, incidental, exemplary or consequential damages or any damages whatsoever (including without limitation, damages for loss of use, data, information, profits or business interruption) arising out of or in any way related to the use or performance of this information/ website or any linked website or to any material, information, data, products or services obtained through this website, or otherwise arising out of your use of this website, your inability to use this website or any decision made or action taken by you in reliance of any information, advice or materials provided on this website, whether such damages are based in tort, contract, negligence, strict liability or otherwise.

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Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd
Helpline: 0120-6937324

Disclaimer:The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.



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