



Medi Assist Insurance TPA Pvt. Ltd



Date :19 Dec 2025 13:35

To,

The Administrator / Medical Superintendent,  
Artemis Health Institute,  
Sector-51, Orchid Island,  
Hospital ID: (110831)  
Rohini Id: 8900080013179

Dear Partner,

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

#### 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.	9700006325040000067_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)

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

#### Authorization Remarks :

final settlement will be as per hospital agreed SOC tariff

**Note:** If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

#### Authorization Summary

Total bill amount (INR)	432863
Other Deductions(INR)*	6125
Policy Excess / Deductible (INR)	75672
Copay (INR)	57472
Hospital Discount (INR)	34218
Excess of Tarrif / Package (Not to be Collected From Patient) (INR)	9375

Deductibles (INR)	0
<b>Total Authorized Amount(INR)</b>	250000
<b>Amount to be paid by Insured (INR)</b>	139269

Detailed list of deductions have been shared with the claimant

**Terms and conditions for authorization:**

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the admissibility of claim.
2. KYC (Know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
3. 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)
4. Network provider shall not make any recovery from the deposit amount collected from the insured except for the 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)
5. In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. 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

**The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:**

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **The New India Assurance Co. Ltd** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

**QUICK LINKS:**

**For partner hospital**

View this claim on [IHX](#). Not on IHX yet? [Sign Up](#) now.

Warm Regards,

**Medi Assist Insurance TPA Pvt. Ltd**  
 CIN: U85199KA1999PTC025676.  
 Cashless Processing Centre  
 #58/1A, Singhasandra.  
 Hosur Main Road,  
 Begur Post.  
 Bangalore. PIN - 560068.  
 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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