

## Cashless Authorization Letter

(Part-D)



Printed on 11/08/2021  
Date : 11/08/2021

Claim Number: DEL-0821-PA-0001583 (please quote this number for all further correspondence)

Authorization is valid for admission up to 11/08/2021

RAJ HOSPITALS	Name of Insurance Company : ORIENTAL INSURANCE COMPANY LIMITED
MAIN ROAD	Name of TPA : Vidal Health Insurance TPA Pvt Ltd
ADRESSSS 1	Proposer Name : ANURANJAN
Jharkhand , 834001	Patient's MemberID / TPA/Insurer Id of the Patient : DEL-OI-H0351-014-0052236-B
06512330499	Relation with Proposer : Father-In-Law
Rohini Id: 8900080253827	

Dear Sir /Madam ,  
This has reference to the pre-authorization request submitted on 11/08/2021 06:09 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : NIKHIL KUMAR ROY	Age : 67	Gender : Male
Policy Number : 124500/48/2021/8833	Expected Date of Admission : 11/08/2021	
Policy Period : 01-OCT-20 TO 30-SEP-21	Expected Date of Discharge : 16/08/2021	
Room category Eligible Room Category as per T&C of Policy Contract:	Estimated length of stay : 5 days	
Provisional Diagnosis : CHB	Proposed line of treatment : surgical management	

### Authorization Details :

Date and time	Reference number	Amount	Status
11/08/2021 06:48 PM	DEL-0821-PA-0001583	240000	Approved

**Total Authorized amount:-** Rupees Two Lakh Forty Thousand Only (in words)

### Authorization Remarks:

20% COPAY DEDUCTED.

INITIAL APPROVAL FOR MEDICAL MANAGEMENT/SURGICAL MANAGEMENT.  
KINDLY REVERT WITH THE FINAL BILL AND DISCHARGE SUMMARY FOR FURTHER POSSIBLE ENHANCEMENT.

**Hospital Agreed Tariff:****I Package case :**

Agreed package rate :

**II Non -Package case :**

i. Room Rent / day :

ii. ICU Rent / day :

iii. Nursing Charges / day :

iv. Consultant Visit Charges / day :

v. Surgeon's fee / OT / Anaesthetist :

vi. Others (specify) :

**Authorization Summary:**

Total Bill Amount	: 350000.00	(INR)
*Other Deductions	: 50000.00	(INR) (At the time of Final Authorization)
Discount	: 0.00	(INR) (At the time of Final Authorization)
Co-Pay	: 60000.00	(INR)
Deductibles	: 0.00	(INR)
Total Authorised Amount:	: 240000.00	(INR)
Amount to be paid by Insured	: 110000	(INR) (At the time of Final Authorization)

**\*Other Deductions Details :**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	PACKAGE CHARGES	350000.00	50000.00	300000.00	ini

**Terms and Conditions of Authorization:**

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation / concealment of the facts, any material difference / deviation / discrepancy in information is observed in discharge summary / IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 costs 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 costs 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 a treatment / procedure is 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 policy holder.
7. The above payment is subject to applicable TDS.

Kindly submit complete claim documents within 7 days from the date of discharge, failing which claim will be processed subject to delay condonation approval by the Insurer.

**DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM**

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge.
6. Original cashless claim form, bills and discharge summary in IRDAI format
7. Copy of all the authorization letters
8. Original letter/s of clarification provided during the authorization , all investigation reports
9. Original sticker and invoice for all the implants & high value consumables
10. Self-attested copy of photo id card of the patient is mandatory; any one of these documents will be accepted-  
(a) Aadhar Card (b) Driving License (c) PAN Card (d) VoterID Card (e) School/College Id card for students (f) Passport
11. If the bill amount exceeds INR 1lakh, it is mandatory to collect the address proof of the Primary Beneficiary; any of these documents will be accepted (a) Aadhar Card (b) Driving License (c) Passport (d) Voter ID Card

**Disclaimer:** This is an electronic generated communication and does not require a signature

**Address :** Vidal Health Insurance TPA Pvt.Ltd, SJR iPark, 1st Floor,Tower 2,EPIP Zone, Whitefield Road, Opp.Sathya Sai Hospital, BANGALORE - 560066.