

Cashless Authorization Letter

Claim Number: 1817758

Loc No. : P20/752451

Date:18/11/2020 2:34PM

Authorization is valid for admission up to : 28/11/2020

Hospital: Apollo Gleneagles Hospitals Ltd.	Name of Insurance Company : The New India Assurance Co. Ltd.
Address : 58,Canal Circular Road,,,KOLKATA,WEST BENGAL,700054	Name of TPA : UnitedHealthcare Parekh Insurance TPA Private Limited
	Proposer Name : APURVA BARANWAL
	Patient's Member : 34583
	ID/TPA/Insurer Id of the Patient : 8472129
Rohini ID: 8900080235298	Relation with Proposer : Father
	Corporate Name : ITC INFOTECH INDIA LTD

Dear Sir/Madam,

This has reference to the pre-authorization request submitted on 18/11/2020 2:34PM . We hereby authorize cashless facility as per details mentioned below :

Patient Name : BINOD KUMAR BARANWAL	Age: 52	Gender: M
Policy Number : Parents	Expected Date of Admission : 18/11/2020	
Policy Period : 01/09/2020 - 31/08/2021	Expected Date of Discharge :	
Room Category Eligible: Other Room Category as per T&C of Policy Contract	Estimated Length of Stay : 0	
Provisional Diagnosis : ca lung	Proposed line of treatment : Medical Management;	

Authorization Details:-

Date & Time	Reference Number	Amount	Status
11/18/2020 2:34:29 PM	5032446	97000	LOC Dispatched(Fresh Preauth)

Total : 97000

Total Authorized amount:- Rs . Ninety-Seven Thousand

Authorization Remarks : Day care treatment. Assistant surgeon charges not payable. -loc valid only for iv chemotherapy-Loc valid only if all authentic investigation reports are sent during claim submission.

Hospital Agreed Tariff :

1. Package case
Agreed Package Rate : 0.00

2. Non-package Case
 - i. Room Rent/day : (days)
 - ii. ICU Rent/day :
 - iii. Nursing Charges/day :
 - iv. Consultant Visit Charges/day. :
 - v. Surgeon's fee/OT/Anaesthetist :
 - vi. Others (specify) : Procedure Charge: ,Pathology charge

Authorization Summary :

Total Bill Amount : 97000.00

Other Deductions :

Discount : 0.00

Co-Pay :

Deductibles : 0.00

Total Authorised Amount : 97000.00

Amount to be paid by Insured : 0.00

(*)Kindly collect 20.00% copay collect from the claimant.

***Other Deduction Details :**

Total Bill Amount	Total Admissible Amount	Description	Deducted Amount	Deduction Reason	TPA Remark
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Claims adjudication for the Covid-19 treatment in Hospitals are subject to the tariff restriction prescribed by the respective state government or city administration and Insurer/General Insurance Council, kindly refer to attached link for further information.

URL : <https://www.uhcpindia.com/web/statenotifications/index.html>

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 toward 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 policyholder 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 policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

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

Name of the Product: Group Policy and UIN No.**:-Important Policy terms & conditions (sub-limits/co-pay/deductible etc)****Authorized Signatory :
(Insurer/TPA)****Address: 3B Gundecha Onclave, Kherani Road, Sakinaka, Andheri(E), Mumbai 400072,
Tel 1800-209-8444 Fax +9122 28528222, www.uhcpindia.com**