

**Cashless Authorization Letter  
(Part-D)**

Claim Number AL: 81412934(Please quote this number for all further correspondence)  
Authorization is valid for admission up to 26/Jul/2024.

**Date:08/Jul/2024**

GEMCARE POULOMI HOSPITALS (81220442) A2 B17,DR AS RAO NAGAR MAIN ROAD Hyderabad Secunderabad 500062 Rohini ID : 8900080348163	Name of Insurance Company : Care Health Insurance Limited Name of TPA : NA Proposer Name : ASHA KASHINATH SONAR Insurer Id of the Patient : 21757670 Relation with Proposer : DAUGHTER
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Dear Sir / Madam,

This is in reference to the pre-authorization request submitted on 08/Jul/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name : AKSHITHA KASHINATH SONAR	Age : 14	Gender : Female
Policy No : 65038414	Expected Date of Admission:	08-Jul-2024
Policy period : 20-05-2024 to 19-05-2025	Expected Date of Discharge :	11-Jul-2024
Room category Eligible Room Category as per T&C of Policy Contract:	Estimated length of stay :	3
Provisional diagnosis :Other noninfective gastroenteritis and colitis	Proposed line of treatment :	Medical Treatment
Class of Accommodation Opted : Single	Claim Amount :	76000.00
Additional Sanction :0	Total Sanctioned Amount :	76000.00

Authorization Details:

Date & Time	Reference Number	Approved Amount	Status
08/Jul/2024 06:28:41	81412934-00	76000.00	Cashless Approved
		76000.00	

Total Approved amount Rs.76000.00(Seventy Six Thousand Rupees Only)

Authorization remarks : Approved

Hospital Agreed Tariff:-

I. Package Case:- Agreed package rate :

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Golf Course Road, Sector-43, Gurugram -122009 (Haryana)

IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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## II. Non Package Case (Please refer Below Grid)

I. Others 76000.00

### Authorization Summary:

Total Bill Amount	76000.00
* Other Deductions	0
Discount	0.00
Co-pay	0.00
Deductibles	0.00
Total Authorized Amount	76000.00
Amount to be paid by Insured	0.00

### \* Other Deduction details:

S.no	Description	Bill Amount	Admissible Amount	Deducted Amount	Deduction Reason	Remarks
I	Estimated amount/Others	76000	76000			
	Total	76000	76000	0		

### Sum Insured Utilisation

Sum Insured (SI)
76000

### 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 and 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 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),

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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 : and UIN No - important Policy terms and conditions (sub-limits/co-Day/deductible etc.)

#### Notes to the hospital

- 1) GST will be paid by the company in case Company name and State GST number is mentioned on the bill. The company will not be liable to pay the same in absence of these details on the bill.
- 2) KYC documents i.e. Identity Proof/Address Proof and Latest photo of the proposer to be sent if bill estimate is more than Rs. 1.0 Lakh.
- 3) If the hospital bill is estimated to be higher than the guarantee of payment, the additional amount would need to be sanctioned by CHIL
- 4) In absence of such additional guarantee, the hospital must collect the excess amount directly from the insured at the time of admission or prior to discharge.
- 5) The hospital bill summary and the detailed final bill will have to be authenticated with the insured's signature. This along with the original discharge summary and investigation reports will have to be submitted to the company.
- 6) Please collect an undertaking from the insured/patient for submitting his/her documents to CHIL in original.
- 7) Charges for the following miscellaneous services must be collected directly from the patient :

a) Registration charges	g) Charges for Tv, Laundry, Telephone, Fax etc
b) Attendant / Visitor charges	h) Food and Beverage for attendance/visitors
c) Ambulance charges unless authorized	i) Toiletries
d) Nursing charges not authorized	j) Medicines not related to treatment
e) Service charges	k) Stationary and other charges
f) Charges for extra bed	

#### Notes:

- This authorization is valid for admission within 15 days Date need to mention from the date of issue or expiry / cancellation of the policy whichever is earlier.
- The authorization will not be valid if the patient is discharged before the date of issue of this letter.
- Co payment amount will be collected from insured.
- Claim Settlement will be as per agreed tariff structure between CHIL & the hospital.
- This is an initial approval and stands cancel where Misinterpretation of Facts is noticed.

All payment to hospital will be subject to deduction of tax at source as per prevailing government rates except where Nil/Low TDS certificates have been provided.

Please note that hospitalization for Treatment of following conditions is not payable:

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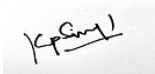
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- i) Investigation and Evaluation, Infertility, STD, Self-inflicted Injury, conditions caused by use of alcohol/tobacco/intoxicating drugs and others conditions as per policy terms.
- ii) Care Health Insurance will not be liable in the event of any discrepancy between the facts presented at the time of admission & at time of final discharge documentation.

In case you require any additional assistance, please visit the Self-help portal at [www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html) .

Care Health Insurance Limited



Authorized Signatory

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