

Cashless Authorization Letter

Date :- 03 Feb 2025

7336772

AL No : HAT /25/7336772 (Please Use this no for any communication regarding this AL)**Claim Number OC-25-1002-8403-00541128**

Authorization is valid for admission up to 18-Feb-2025

Hi Tek Superspeciality Hospital Pvt.Ltd. - Bhilai

Junwani road ,Near Surya Ti mall,Smriti Nagar Junwani road.

BHILAI

Pin Code:- 490020

Phone No:- (788 - 4056)7884056666 Fax No:- (788 - 4056)0

Rohini Id :- 8900080154216

Proposer Name:- Tawri Prajwal

Relation with Proposer:- Father

Patient ID card Number:- DCI-25-50666977D

Dear Sir/Madam,

This has reference to the pre authorization request submitted on 03-FEB-25 . We here by authorize cashless facility as per details mentioned below:

Patient Name : TAWRI PRAKASH	Age : 60
Policy Number : OG-25-1919-8403-00000208	Gender: Male
Expected Date Of Admission : 02-FEB-25	Expected Date Of Discharge : 08-FEB-25
Policy Period : 01-SEP-24 to 31-AUG-25	Estimated length of stay : 6
Availed Room Category : Other	Eligible Room category :
Provisional Diagnosis : stroke	Proposed line of treatment : MEDICAL

Authorization Details:-

Date and Time	Reference Number	Amount	Status
03-FEB-2025	7336772	35000	CASHLESS APPROVED

Total Authorized amount: THIRTY-FIVE THOUSAND Rs/-

Hospital Agreed Tariff:-

- I. Package Case
 - Agreed Package Case /-
- II. Non Package Case
 - i. Room rent /day - 0/-
 - ii. ICU rent /day - 0 /-
 - iii. Nursing Charges /day- 0/-
 - iv. Consultant Charges /day- 0/-
 - v. Surgeon`s fee - 0/-
 - vi. OT charge - 0/-

vii.	Anaesthetist -	0/-
viii.	Others -	/-

Authorization Remarks :

- * Kindly collect 20% of the authorized amount from the patient (Policy co-pay)
- * Please note this is initial approval to start the treatment. Final amount is subject to the receipt of discharge summary and detailed final hospital bill.
- *As per New AML Guidelines Insured/Nominee CKYC Number or CKYC Document is Mandatory each and every claim. Kindly provide duly filled and signed CKYC form, Pan Card (If PAN card is not available then provide duly filled form-60), Aadhar No & Government issued address proof (Passport Copy, Voter ID Card, Driving License and NREGA Card) of the proposer/employee/Beneficiary. If same not received then Hospital payment will be on hold.
- *Non medical expenses incurred during hospitalization are payable hence should not be collected from patient for this corporate policy.
- *Please send Medicine and Investigation bill break up with original claim documents for settlement mandatorily.
- * IPD Discount of 12% Discount On Total Bill Excluding Packages, Implant And Medicines

Terms and conditions of Authorizations:

1. Above mentioned IPD discounts will be auto adjusted in the Balanced Sum insured of the policy holder, during the time of final claim settlement with the hospital.
2. 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.
3. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
4. 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).
5. 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)
6. 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.
7. 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.
8. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.
9. Cashless payments shall be made by electronic mode only. Cheques / DDs will not be issued. For detailed information on Electronic Payment process, please contact us at hat@bajajallianz.co.in
10. If documents are not received within 60 days from the date of discharged and claim will be closed without payment.
11. Post claim closure for delayed submission of claim documents , any further payment is subject to Balance Sum Insured for the Customer's policy. If Sum Insured of patient is exhausted in due course time of claim closure and receipt of claim documents from the hospital . BAGIC will not be liable to make any payment.
12. In case of short payment or short approval kindly contact us immediately within 7 days from the date of settlement. Later on any short payment query shall not be entertain.
13. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date.

14. Hospital discharge summary should be signed by treating doctor and it will also be signed by patient or attendant, in discharge summary hospital should mention ICD code and date and time of discharge.

15. In Hospital final bill should mention complete address of the insured, name of insurance company, policy number and it will also be signed by patient or attendant.

*** Please send cashless claim documents to Health Administration Team, Bajaj Allianz Insurance Company, 2nd Floor, Bajaj Finserv Building, Survey No. 208 / B - 1, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune-411 014 within 2 days of patient's discharge.**

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.

If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line insurance claims up to Rs.20 lacs. Detailed process along with list of Ombudsman offices are available at <http://www.policyholder.gov.in/Ombudsman.aspx>

Name of the Product is Group Mediclaim (Floater) And UIN No BAJHLIP21536V022021



Authorised Signatory

Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune.Maharashtra-411014
Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7
Email: preauth@bajajallianz.co.in Website: www.bajajallianz.com

Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-209-5858 Email: Bagichelp@bajajallianz.co.in
CIN No.: U66010PN2000PLC015329 UIN No.: BAJHLIP21536V022021

Grievance Redressal Process:

If you are not satisfied with the resolution provided you can alternatively reach out to us at

1. Our toll free number 1-800-209- 5858) or say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints
3. Register your grievances / complaints on our website www.bajajallianz.com
4. E-mail
 - a. Level 1: Write to bagichelp@bajajallianz.co.in
 - b. Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
 - c. Level 3: If in case, your grievance is still not resolved and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS <WORRY> To 575758 and our care specialist will call you back
5. **If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line insurance claims up to Rs.30 lacs. Detailed process along with list of Ombudsman offices are available at <https://www.cioins.co.in/Ombudsman>**

Ombudsman's Office address are as follows:-

10	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	Rajasthan
11	<p>KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
14	<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

15	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	Bihar, Jharkhand.
17	<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

With warm regards,

Authorised Signatory
For Bajaj Allianz General Insurance Company Limited
Health Administration Team