

Date :-

Bajaj Allianz Life Insurance Co. Ltd.

Authorization Letter

AL No: HAT /20/ (Please Use this no for any communication regarding this AL)

Claim No:-

Pin Code:-

Phone No:- Fax No:-

Dear Sir/Madam

We hereby authorize you to admit below mentioned Bajaj Allianz customer:

Patient : Expected DOA :

Discount Details:

Important:

* Expenses incurred during hospitalization shall be settled as per the agreed negotiated tariff/packages with Bajaj Allianz General Insurance Co. Ltd.

- * This authorization is valid for a period of days from the date of issue / date of admission which ever is earlier and one event of hospitalization only.
- * Any expenses not related to the diagnosis specified in the authorization letter must be collected from the patient at the time of discharge.
- * If the hospital bill is estimated to be higher than the authorized amount, a request letter for additional amount need to be sent at Bajaj Alianz.
- * If no further authorization is available, the hospital must collect the excess amount directly from the beneficiary at the time of discharge from the hospital.
- * 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 15 days of patient's discharge.

Please note:- If documents are not received in stipulated timeline, additional discounts would be applicable as per below Grid.

Band (No of days)	Within 30	30-45	45-60	60-90	Above 90
Additional Discounts applicable	Nil	15%	30%	50%	100% (Claim won't be paid)

Important Note:- Post claim closure (for delayed submission of claim documents), any further payment is subject to Balance Sum insured of 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, **Bajaj Allianz will not be liable to make any payment.**

Disclaimer:

The following authorization is being issued as per the medical and billing information provided to Bajaj Allianz General Insurance Company Limited In case of any discrepancy in the medical information provided to us at the time of cashless request the authorization shall stand null and void. Expenses not related to diagnosis or line of treatment shall be deducted at the time of settlement.

Bajaj Allianz General Insurance Company Limited shall not be obliged if the original claim file along with the necessary and relevant documents are submitted within a period of 7days from the date of discharge of the insured.

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

In case the information provided in the <u>request for authorization letter</u> and subsequent documents during the course of authorization, is found incorrect or not disclosed or if our internal investigation reveals discrepancies, then we shall not be liable [as per this letter] for payments to the Hospital/claimant even if authorisation is given by us.

This is a system generated letter and hence requires no signature.