



PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED
(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 080

Cashless Authorization Letter
(Part-D)

Claim Number: **7466627** (Please quote this number for all further correspondence)

Date: 06/06/2025 02:31:11 PM

Authorization is valid for admission up to 06/06/2025.

CHANDAN HOSPITAL LIMITED Faizabad Road Gomti Nagar Vijay Khand,Lucknow,Uttar Pradesh-226010 Rohini Id : 8900080400597	Name of Insurance Company :National Insurance Company Ltd.
	Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd.
	Proposer Name : VINITH SHARMA
	Patient's Member : RAM AWADH SHARMA
	ID/TPA/Insurer ID of the Patient : 42227114
	Relation With Proposer : Father
	Corporate Name: PRICEWATER HOUSE COOPERS SERVICE DELIVERY CENTRE BANGALORE PVT LTD

Dear Sir /Madam,

This has reference to the last documents received for pre-authorization request on 06/06/2025 01:38:48 PM. We hereby authorize cashless facility as per details mentioned below:

Patient Name : RAM AWADH SHARMA	Age : 60	Gender : MALE
Policy Number : 604100/50/24/10000527	Expected Date of Admission : 04/06/2025	
Policy Period : 01/07/2024-30/06/2025	Expected Date of Discharge :06/06/2025	
Room category : SINGLE ROOM Category as per T&C of Policy Contract	Estimated Length Of Stay:2	
Provisional Diagnosis : T2dm / Htn / Ckd-Vd / Bph / Polycythemia Vera / Rec.Cva (Right Capsular Infarct) / Anemia / On 5/6/2	Proposed line of treatment : T2dm / Htn / Ckd-Vd / Bph / Polycythemia Vera / Rec.Cva (Right Capsular Infarct) / Anemia / On 5/6/2	

Claim Remarks:

Authorization Details :-

Claim No	Policy No	Date & Time	Reference number	Amount	Status
7466627	604100/50/24/10000527	06/06/2025 02:31	6020739	21650	Authorized

Total Authorized amount:- Rs 21650 (TWENTY ONE THOUSAND SIX HUNDRED AND FIFTY)

Authorization Remarks: / PREVIOUS GIVEN AL STANDS CANCELLED, Claim will be settled as per agreed tariff list between the hospital and phs

Hospital Agreed Tariff:

I Package Case:

Agreed Package Rate : NA

II Non-package Case:

i. Room Rent/day : NA

ii. ICU Rent/day : NA

iii. Nursing Charges/day : NA

iv. Consultant Visit Charges/day : NA

v. Surgeon's fee/OT/Anesthetist : NA

vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount	: 27089	
*Other Deductions	: 1070	
Discount	: 1963	(Not to be collected from insured.)
Co-Pay	: 2406	
Deductibles	: 0	
Total Authorised Amount	: 21650	
Amount to be paid by insured	: 3476	

***Other Deduction Details :**

Sr.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Professional fees charges	4820	570	4250	DEDUCTED MONITORING + DIETICIAN Rs 570/-
2	Miscellaneous charges	500	500	0	DEDUCTED REGISTRATION Rs 500/-

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 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 empanelled 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.
6. Please submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
7. Invoice of implants.
8. Radiology Films.

Name of the Product - GROUP MEDICLAIM-FLOATER and UIN No - Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

IN CASE OF DEATH: We instruct you to facilitate immediate release of the mortal remains.

IMPORTANT POINT FOR CASHLESS PAYMENT:

1. Final Bill & Discharge summary is mandatory for validation of authorized amount. In the absence of discharge intimation or final authorization all previous AL amount will stand null & void.
2. Insurer reserve the right to demand invoice and /or sticker of high value implant & consumables or medicine at the time of settlement. Non submission may lead to denial of entire claim or deduction of such amount during final settlement or possible recovery of such amount due to non-submission of invoice.
3. Radiology films and all original investigation report to be submitted in the claim file to avoid payment delay or recovery of such amount paid erroneously on account of non-submission.
4. Hospital is requested to submit the claim file within 2 days from patient discharge date for hassle free payment.

This is a system generated letter hence signature is not required.