

Final Cashless authorization for hospitalization of Radha Shukla under Pre Authorization number:25060501101

donotreply@fhpl.net <donotreply@fhpl.net>

Fri, Jun 6, 2025 at 6:50 PM

To: cashless@chandanhospital.in

Cc: akash.shukla2@hdfcbank.com



Cashless Final Authorization Letter

Date: 6/6/2025 6:47:46 PM

Dear Provider Partner ,

This has reference to the pre-authorization request submitted on 6/5/2025 2:29:19 PM

Claim Number:25060501101(Please quote this number for all further correspondence)

Authorization is valid for admission up to 6/12/2025 12:00:00 AM or expiry of the policy date whichever is earlier

Name of Hospital	: Chandan Hospital	Name of Insurance Company	: United India Insurance Co Ltd
Address	: Faizabad Road,Near Chinhat Flyover, Vijay Khand, Gomti Nagar Faizabad Road,	Name of TPA	: Family Health Plan Insurance TPA Limited
City	: Lucknow	Proposer Name	:
District	: LUCKNOW	Patient's Name	: Radha Shukla
State	: Uttar Pradesh	Insurer Id of the Patient	: 47807203
PinCode	: 226010	Relation with Proposer	: Spouse
Rohini ID	: 8900080400597		

We here by authorize cashless facility as per details mentioned below :

Patient Name	: Radha Shukla	Age(Years)	: 32
Policy Number	: 0204002825P100972289	Gender	: Female
Policy Period	: 01-04-2025 - 31-03-2026	Expected Date of Admission	: 6/5/2025 12:00:00 AM
Room category	: Single A/C	Expected Date of Discharge	: 6/6/2025 11:59:59 PM
Eligible Room Category as per T&C of Policy Contract	: Single A/C	Estimated length of stay (Days)	: 2
Provisional Diagnosis	: Cholelithiasis	Proposed line of treatment	: Surgical
Corporate Name	: HDFC Bank Ltd	Branch Code	: SM & Below

Authorization Details:

Date & Time	Reference number	Policy Type	Amount	Status
06/06/2025-18:47	25060501101-2	Main Policy	79219.00	Approved

Total Authorized amount:- Rs:79219.00(Seventy Nine Thousand Two Hundred and Nineteen)

Authorization Remarks :

Covered for Surgical management.

Hospital Agreed Tariff:

I. Package case:

- i. Agreed Package Rate :
- II. **Non-package Case:**
- i. Room Rent/day :
- ii. ICU Rent/day :
- iii. Nursing Charges/day :
- iv. Consultant Visit Charges/day :
- v. Surgeon's fee/OT/Anesthetist :
- vi. Others (specify) :

Authorization Summary

Total Bill Amount	: 79219.00
*Other Deductions	: 0.00
Discount	: 0.00
Co-Pay	: 0.00
Deductibles	: 0.00
Total Authorized Amount	: 79219.00

***Other Deduction Details:**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
<u>1</u>	Others	66809.00	0.00	66809.00	
<u>2</u>	Implants	12410.00	0.00	12410.00	

Terms and Conditions of Authorization :

- Cashless Authorization letter is 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.
- KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- 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).
- 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).
- 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 policy holder from the Network Provider and/or take necessary action as provided under the MOU.
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not em paneled with the hospital),Network Provider may give treatment after obtaining specific consent of policy holder.
- Differential Costs borne by policy holder 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

- Detailed discharge summary and all bills/invoices from the hospital as agreed in our MoU and complying the IRDAI regulations.
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- 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.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge.
- ICPs, Final Bill, Discharge Summary, etc. Failure to provide these documents will result in a delay of the final cashless authorization.

Please send us the above documents / details within 7 days of discharge of the patient in order to expeditiously reimburse the amount.

Name of the Product : UIIC Standard GMP Product and UIN No : N/A
Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Authorized signatory(Insurer/TPA)

Family Health Plan Insurance TPA Limited

Toll free No : 18004254033

We would be happy to hear from you to serve you better. Please give us your valuable feedback by filling the questionnaire. To access the form please click [this link](#).

Address: Family Health Plan Insurance TPA Ltd,Srinilaya - Cyber Spazio,Second Floor,[Road No.2,Banjara Hills,Hyderabad-500 034](#).

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