

**Cashless Authorization Letter**

**Claim Number : CLI/2021/171100/0277003**

**DATE : 01/09/2020**

**(Please quote this number for all further correspondence)**

Authorization is valid for admission up to 07/09/2020

KARUNA HOSPITALS	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE
JEEVAN BIMA NAGAR	Name of TPA : Not Applicable
BORIVALI W	Proposer Name : GMONEY PRIVATE LIMITED
MUMBAI - 400103	Patient's Member : Krupali Doshi
Maharashtra	ID/TPA/Insurer Id of the : 166870662100000401
Rohini Id :	Patient
	Relation with Proposer : FATHER

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 01/09/2020. We hereby authorize cashless facility as per details mentioned below:

Patient Name : HARSHAD DOSHI	Age : 70YEARS	Gender : Male
	Expected Date of Admission : 29/08/2020	
Policy Number : P/171100/01/2021/006902	Expected Date of Discharge : 01/09/2020	
Policy Period : 29-JUL-2020 - 28-JUL-2021	Estimated length of stay :	
Room : SHARING/SEMI PRIVATE ROOM		
Category A/C		
Eligible Room		
Category as per T&C of Policy Contract :		
Provisional ACUTE CHOLECYSTITIS	Proposed line of treatment : Medical	
Diagnosis :		

**Authorization Details:-**

Date & Time	Reference number	Amount	Status
01/09/2020 03:48	CLMG/2021/171100/0280808/001	20000.0	Approved (Pre Auth)
01/09/2020 03:48	CLMG/2021/171100/0280808/002	8704.0	Approved (Enhancement)