

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)

Total Authorized amount :- Rs. 28704(Indian Rupees Twenty Eight Thousand Seven Hundred and Four Only).

Authorization Remarks :

MAXIMUM PAID WITH 10% COPAY.

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount : Rs.45269
*Other Deductions : Rs.13376
Discount :
Admissible Amount : Rs.31893
Co-pay (10.0%) : Rs.3189
Deductibles :
Total Authorised Amount : Rs. 28704

***Other Deduction Details:**

S.No	Description	Bill Amount	Amount Deducted	Admissible Amount	Deduction Reason
1	Room Rent & Nursing charges	15225	1225	14000	4350*3.5 / ELIGIBILITY ROOM RENT IS RS.4000 PER DAY. HENCE PROPORTIONATE DEDUCTION DONE
2	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	7200	579	6621	PROPORTIONATE DEDUCTION DONE
3	Investigation & Diagnostics	9528	3612	5916	HIV,HBSAG,HCV,LIPID PROFILE CHARGES NP / PROPORTIONATE DEDUCTION DONE
4	Medicines and Consumables	5641	285	5356	GLOVES,BACTORUB CHARGES NP
5	Others	7675	7675		ADMISSION,HGT,BMW, HYIENE CHARGES NP
	Total	45269	13376	31893	

We work on Sundays and Holidays all through the year. Discharges on Sundays or Holidays will be given effect to.

In case of any difficulty in discharge on Sunday or holidays, please get in touch with Mr. Ramesh Govindarajan (9382190735) and Mr. J.R. A Kumar (9382848122) who would do the needful.

If no response, please contact Dr. M.A. Azeez, Asst. Vice President - Claims (9884677670) or our Claims relations cell (1800 425 2255 - Toll Free).

If your Insurance Desk is not working on Sundays / Holidays, you may send the discharge request a day in advance.

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 reserves right to raise queries for any other document to ascertain admissibility of claim.

2. KYC (Know your customer) 1 Photo ID Proof and 1 Address proof 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 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 empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.

7 Differential Costs borne by policyholders may be reimbursed by insurers subject to the terms and conditions of the policy.

8. The approved amount for cashless treatment has been arrived at as per eligible room rent inclusive of nursing charges of the insured patient in terms of policy conditions. If the insured has opted for a higher rent room category than the eligible rent room category, difference in room rent charge is to be borne by the insured. In case, the insured-patient has opted for a higher rent room category, proportionate deductions will be made on the following expenses and this amount will be deducted from the claimed amount:-

Surgeon, Anaesthetist, Medical Practitioner, Consultant Specialist Fees, Anaesthesia, Operation Theatre Charges, Surgical Appliances, Laboratory/Diagnostic Test, X-Ray and other expenses as applicable relating to the treatment.

9. If the hospital bill is subsequently estimated to be higher than the approved amount, a request letter for additional amount with due justification along with supporting documents has to be sent to us on our Toll Free Fax number for our further action.

10. Claim amount authorized is inclusive of Room Rent, Nursing, ICU, Investigation, Medicines, OT & Consumables & professional fees, namely Doctors, Surgeons, Anesthetists for the above treatment.

11. At the time of settlement of final bill, please submit all the investigation/diagnosis reports along with the relevant documents. In the absence of any investigation / diagnosis reports, appropriate deductions will be made from the approved amount.

12. If the claim is found to be not admissible due to discrepancies in the details provided by the hospital in the Pre-Authorization request form and discharge summary and other documents, the company is not liable to make any payment and the amount approved will be withdrawn and your bill will not be settled.

13. Hospitalization expenses for treatment of the following conditions / diseases are not payable by the company:- Convalescence, General debility, Run down condition, Congenital External Disease, Infertility, Intentional self injury, STD & Use of Alcohol / intoxication drugs etc.

14. Expenses not payable by the company :

- a) Registration charges/ Documentation/ Maintenance/ Service.
- b) Telephone / Fax / Barber / Toiletries / TV / Laundry.
- c) Food and Beverages for the relatives / attendants.
- d) Dental Treatment if not due to accident/ requiring hospitalization.
- e) External implants, supports accessories such as Crutches, Spectacles etc.
- f) Shaving blade / Razor sets.
- g) Attendant Pass.
- h) Antiseptic creams.
- i) Cosmetic treatment for eye / teeth including their Accessories.
- j) Water purifiers and energy Drinks like Glucose C/D and Glycerin.
- k) Nutritional supplements like Vitamins, Pro-biotic, Hepotic tonics (Udiliv, Llv52, Heparmerzetc) & digestive (Aristozymeetc).

GST DETAILS

Please remit GST if any against this authorization, on our GSTIN 27AAJCS4517L1ZY for the State / Union Territory of Maharashtra. Please quote our GSTIN in the Claim Bill that is being submitted to us with the Tax Breakup.

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. Pre-Auth Request Form and Copy of our Authorization letter.
- 7. Documents collected from the insured-patient , If any.
- 8. X-RAY / CT / MRI film - Originals or scanned copies.
- 9. AR / MLC / Self declaration in case of Accidental injury.
- 10. Details of amount if any collected from the insured and the copy of the receipt issued to the insured for the same.
- 11. KYC Details - Copy of ID Proof and Address proof.

Name of the Product - Star Group Health Insurance - Revised and UIN No. SHAHLGP19028V011819:-
Important Policy terms & Conditions (sublimits/co-pay/deductible etc)

Co-pay terms

Sub limit terms

Deductible terms

SH041125

01-09-2020 03:48 PM

Authorized signatory :

Address : SRI BALAJI COMPLEX,15,WHITES ROAD,CHENNAI 600014

Note: Please hand over a copy of this letter to the Insured-

CC To,

GMONEY PRIVATE LIMITED

1019 C WING A K ROAD ANDHERI EAST 400093

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Greater Mumbai (M Corp.) (Part)

Pincode : 400093

Mumbai (Suburban)

Maharashtra

9664555491

HARSHAD DOSHI

Dear Customer,

We wish to inform you that based upon the details provided by the hospital, we have approved an amount of Rs. 28704/- towards the expenses for the treatment of the above insured-patient, as detailed above in the letter addressed to the hospital giving the details of approval.

We have also requested the hospital to hand over a copy of our approval letter to you.

In case you are not satisfied with the above decision, you may represent to our Grievance Department at the following address:

Mrs.Radha Vijayaraghavan
Grievance Redressal Officer
Corporate Grievance Department
Star Health & Allied insurance company
No.1,New Tank Street,
Valluvar Kottam High road
Chennai 600034
Direct : 044-2824 3925
Mail ID:- gro@starhealth.in

Thereafter if you wish to pursue the matter further, you may represent to the Office of the Insurance Ombudsman whose address is given below:

Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054
Tel : 022 - 26106552 / 26106960
Fax : 022 - 26106052
bimalokpal.mumbai@ecoi.co.in

Thanking you,

Yours faithfully,

SH041125

01-09-2020 03:48 PM

Authorized Signatory.

SM Code / Name : SH19733 / MR.DESAI HARESH MANUBHAI
Intermediary Code / Name : SD171100 / 171100 SD CODE

COPY TO : Area Office - Mumbai

STAR HEALTH AND ALLIED INSURANCE CO.LTD.

**Shree Padmini, 1st Floor, Teli Galli Cross Lane, Sahar Road,,Andheri - East,
Mumbai - 400 069,**