

**STAR HEALTH AND ALLIED INSURANCE CO.Ltd.,
SRI BALAJI COMPLEX,15,WHITES ROAD,CHENNAI 600014.**



Customer Care Number - 044 6900 6900 / Corporate Customers - 044 43664666

Chat - +91 9597652225, www.Starhealth.in

REVISION OF AUTHORISED AMOUNT

TO, DATE : 16/12/2022
HOSPITAL : CHOUDHARI MULTISPECIALITY HOSPITAL
ADDRESS : PLOT NO 66/1 MAUZA RENGAPAR, INFRONT OF SBI BANK, MIDC,BUTIBORI, DIST NAGPUR
BUTIBORI MIDC - 441122
Maharashtra

Name of Insured Patient	: OJASWITA DILIP WADIGHARE	Age / Sex	: 16 / Female
Date of admission	: 13-DEC-22	Diagnosis	: ENTERIC FEVER
Room category	: ICU/NICU/ICCU/CCU/PICU	Product Name	: Family Health Optima Insurance - 2021
Policy Number	: P/161130/01/2023/051982	Policy Start Date	: 27-JUN-2022
Claim intimation No.	: CIR/2023/161130/1208597	Policy End Date	: 26-JUN-2023

Dear Sirs,

We are in receipt of your request for approval of final amount for cashless treatment relating to the above insured patient.

We have already approved an amount of Rs.18000/- on 13-DEC-22 for treatment of the above insured patient based on pre-auth request and other documents submitted by you.

It is now observed that the final bill amount for treatment of the above diagnosis is Rs.Rs.18012/-.

After deducting the non-payables from the final bill submitted by you the amount payable by us is Rs.17802/-.

Hence, the final approval amount is revised to Rs.17802/- (Rupees Seventeen Thousand Eight Hundred and Two Only). Other conditions remain the same.

A letter addressed to the insured is attached. Please hand over a copy of this letter to the insured.

Thanking you,

Yours faithfully,

SH060285

16-DEC-2022 01:34 PM

Authorized Signatory.

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Claim No. CIR/2023/161130/1208597

S.No	Nature of Expenses	Final Bill Amount Rs.	Amount Deducted Rs.	Amount Admissible Rs.	Reason for Deduction
1	Room Rent & Nursing charges	4800		4800	1600*3
2	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	4950		4950	
3	Investigation & Diagnostics	5530		5530	
4	Medicines and Consumables	4710	210	4500	gloves,disposables deducted
5	Network Hospital Discount	-1978		-1978	
	Total	18012	210	17802	

Initial Approved Amount	Rs.18000
Final Bill Amount	Rs.18012
Final Approved Amount	Rs.17802

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

For Customer related issues, kindly call - 044/ 6900 6900 / 18004252255 / 18001024477

WhatsApp +91 95976 52225

In case of any difficulty with Hospital services, call or SMS - Dr.Sachin Suryawanshi - 9881174736

If hospital insurance services are not available on Sundays/Holidays, the discharge request may be sent 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 materila 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. The accepable KYC documents are PAN Card/Form60 (Mandatory), Aadhar, Passport, Voter's ID, Driving Licence, MGNREGA card.

IRDA Regn.No.129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

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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 :

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- 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, Hepatic tonics (Udiliv, Llv52, Heparmerzetc) & digestive (Aristozymeetc).

GST DETAILS

Please remit GST if any against this authorization, on our GSTIN 07AAJCS4517L1Z0 for the State / Union Territory of New Delhi. 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 - Family Health Optima Insurance Plan and UIN No. SHAHLIP22030V062122:-

Important Policy terms & Conditions (sublimits/co-pay/deductible etc)

Co-pay terms

Sub limit terms

Deductible terms

SH060285

16-12-2022 01:34 PM

Authorized signatory :

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

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

CC To,

DILIP DEORAOJI WADIGHARE
OPPOSITE POLICE STATION SELOO DIST WARDHA
MAHARASHTRA
SELOO
Pincode : 442104
WARDHA
MAHARASHTRA
Telephone : 8087370275

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Hence, the final approval amount is revised to Rs.17802/- (Rupees Seventeen Thousand Eight Hundred and Two Only). Other conditions remain the same.

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,
4th Floor, Balaji Complex, No. 15, Whites Lane,
Whites Road, Royapettah, Chennai- 600014.
(Land mark: In the lane next to Satyam Theatre Parking Area)
Telephone : 044-4366 4600, Exclusive Number for Senior Citizen : 044-6900 7500
E-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:

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Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 and 103, 2nd Floor,
Batra Building, Sector 17 – D,
Chandigarh – 160 017.
Tel : 0172 - 2706196 / 2706468
Fax : 0172 - 2708274
bimalokpal.chandigarh@cioins.co.in

Thanking you,

Yours faithfully,

SH060285

16-DEC-2022 01:34 PM

Authorized Signatory.

COPY TO : Branch Office - Gurgaon III
STAR HEALTH AND ALLIED INSURANCE CO.LTD.
412/2, K - I Tower,,M G Road, Sector 14,,Gurgaon, Haryana