



**Authorization is valid for Admission up to 07 Apr 2020**

(In case of non receipt of final bill & discharge summary within 7 days from discharge date, Authorization(s) issued for this hospitalization would be treated as void)



**Date :**20 Mar 2020

**To,**

The Administrator / Medical Superintendent,  
Joseph Eye Hospital,  
POST BOX NO.138, MELAPUDUR, Opposite to Head post office  
Hospital ID: (147827)  
Rohini Id: 8900080210219

**Dear Partner,**

With reference to your request (21937778) for cashless pre-authorization, we hereby authorize INR **17975** against an estimated cost of INR **17975**. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Amirtharaj B
Relation to Primary Beneficiary	Father
Age	53
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5047194084
Policy Holder	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD
IP No.	
Policy No.	97000034190400000067_SEZ
Policy Period	01 Nov 2019 to 31 Oct 2020
Primary Beneficiary	Amirtha Varshini A
Primary Beneficiary Employee ID	806902
Insurer Claim No	TP00397000019900097067
Insurer Member ID	MEMBER370122

**Treatment Details**

Provisional Diagnosis	Age-related nuclear cataract, right eye
Expected Date Of Admission	23 Mar 2020
Treating Doctor	Saravanan
Procedure / Treatment Planned	Extracapsular crystalline lens extraction by phacoemulsification with IOL (phaco with IOL)
Estimated Date of Discharge	23 Mar 2020
Room Category Occupied	Day care
Length Of Stay	0
Eligible Room Category	

**Authorization Details**

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	20 Mar 2020 10:03	17975	17975

**Total Authorized amount Rs 17975 (Seventeen Thousand Nine Hundred and Seventy Five).**

**Authorization Remarks :**

**Hospital Agreed Tariff :**

I. Package Case			
Agreed Package Rate		17975 (1 Package(s) Applied)	
Package charges exclude cost towards implants/co-morbidity/extended stay			
II. Non Package Case			
Room Type	Room Rent		Nursing
NA	NA		NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

**Authorization Summary**

Total bill amount (INR)	17975
Other Deductions(INR)*	0
Paid by the Patient (INR)	0
Hospital Discount (INR)	0
Prorata Basis (INR)	0
Policy Excess / Deductible (INR)	0
Excess of Defined / Ailment Limit (INR)	0
Copay (INR)	0
Deductibles (INR)	0
<b>Total Authorized Amount(INR)</b>	17975
<b>Amount to be paid by Insured (INR)</b>	0

**\*Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
No Non-Medical Expenses					

**Terms and conditions for authorization**

- Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain the 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 cost 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 the cost 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 treatment / procedure 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 the policyholder.
- Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy.

**DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM**

- Detailed discharge summary and all bills from the Hospital
- Cash memos from the Hospitals / Chemists supported by proper prescriptions
- Diagnostic Test Reports and Receipts 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
- Please send cashless documents to address mentioned in last page of letter. (Beneath signature)

**Also note that**

- The following expenses will not be payable:
  - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
  - Expenses related to medicines/drugs incurred post discharge
  - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
  - Settlement of claim, failing which Authorization(s) issued for this hospitalization would be treated as void
  - Original cashless claim form in IRDAI format
  - Original bill in IRDAI format, duly signed by the patient / representative
  - Original discharge summary in IRDAI format, duly signed by the patient / representative
  - Break-up of the bill amount being claimed, including pharmacy, investigations, etc.
  - All original investigation reports and X ray films etc
  - Original letter/s of clarification provided during the authorization
  - Original sticker for all the implants & high value consumables
  - Attested copy of the receipt for the amount settled by the patient / representative.
  - Attested copy of the OT notes for surgical cases
  - Self-attested copy of photo id card of the patient is mandatory; any one of these documents will be accepted - (a) Driving Licence (b) PAN Card (c) Voter ID Card (d) School/College Id card for students (e) Passport (f) ID card issued by present employer
  - If the bill amount exceeds INR 1 lakh, it is mandatory to collect the address proof of the Primary Beneficiary; any of these documents will be accepted - (a) Driving Licence (b) Passport (c) Voter ID Card (d) Aadhar Card

Please note that the amount authorised is provisional and is subject to change based on the final bill and discharge summary, and deduction of TDS, as applicable.

**Note:** As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

#### QUICK LINKS:

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##### For member beneficiary

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Warm Regards,



**Medi Assist Insurance TPA Pvt. Ltd**  
CIN: U85199KA1999PTC025676.  
Cashless Processing Centre  
No. 252/2, Kodichikkanahalli Main Road,  
Opposite Kailash Building,  
Bommanahalli,  
Bangalore - 560 068  
Helpline: **080-22068666**.

**Disclaimer:** The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.

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