

Cashless Authorization Letter

(Part-D)



Claim Number: GUR-0625-PA-0088521 (please quote this number for all further correspondence)

Printed on 21/06/2025

Date : 21/06/2025

Authorization is valid for admission up to 21/06/2025

ACTION CANCER HOSPITAL	Name of Insurance Company : NATIONAL INSURANCE COMPANY LTD
H-2/FC-34	Name of TPA : Vidal Health Insurance TPA Pvt Ltd
A4 PASHIM VIHAR	Proposer Name : AMIT JAIN
Delhi , 110063	Patient's MemberID / TPA/Insurer Id of the Patient : GUR-NC-F0372-003-0001007-C
01145024287	Relation with Proposer : Mother
Rohini Id: 8900080007055	

Dear Sir /Madam ,

This has reference to the pre-authorization request submitted on 21/06/2025 05:33 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : MEENA JAIN	Age : 69	Gender : Female
Policy Number : 351700502510000133	Expected Date of Admission : 21/06/2025	
Policy Period : 01-APR-25 TO 31-MAR-26	Expected Date of Discharge : 22/06/2025	
Room category : General Multi-Bed	Estimated length of stay : 1 days	
Eligible Room Category as per T&C of Policy Contract : General Multi-Bed		
Provisional Diagnosis : ca cervix	Proposed line of treatment : Medical management	
Insurer Claim Number :		

Authorization Details :

Date and time	Reference number	Amount	Status
21/06/2025 05:43 PM	GUR-0625-PA-0088521	19550	Approved

Total Authorized amount:- Rupees Nineteen Thousand Five Hundred and Fifty Only (in words)

Authorization Remarks:

initial approval done; copay applied

Hospital Agreed Tariff:**I Package case :**

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 / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 27017.00	(INR)
*Discount	: 0.00	(INR) (At the time of Final Authorization)
Excess of package amount:		
(Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 4017.00	(INR) (At the time of Final Authorization)
Co-Pay	: 3450.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 19550.00	(INR)
Amount to be paid by Insured	: 7467	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Discount Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	PACKAGE CHARGES	27017.00	0.00	4017.00	23000.00	initial
	Total	27017.00	0.00	4017.00	23000.00	

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 and void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your customer) details 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 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.
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 policy holder.
7. The above payment is subject to applicable TDS.

Kindly submit complete claim documents within 2 days from the date of discharge, failing which claim will be processed subject to delay condonation approval by the Insurer.

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. Original cashless claim form, bills and discharge summary in IRDAI format
7. Copy of all the authorization letters
8. Original letter/s of clarification provided during the authorization , all investigation reports
9. Original sticker and invoice for all the implants and high value consumables
10. Self-attested copy of photo id card of the patient is mandatory; any one of these documents will be accepted-
(a) Aadhar Card (b) Driving License (c) PAN Card (d) VoterID Card (e) School/College Id card for students (f) Passport
11. If the bill amount exceeds INR 1lakh, it is mandatory to collect the address proof of the Primary Beneficiary; any of these documents will be accepted (a) Aadhar Card (b) Driving License (c) Passport (d) Voter ID Card

Name of the Product : National Group Mediclaim Policy

UIN No. NICHLGP21171V042021

Disclaimer:

This is an electronic generated communication and does not require a signature

Insurance is the subject matter of solicitation.

For a complete list of details on exclusions, risk factors, terms and conditions, please read the policy documents carefully before concluding a sale.

Address : Vidal Health Insurance TPA Pvt.Ltd, SJR iPark, 1st Floor,Tower 2,EPIP Zone, Whitefield Road, Opp.Sathya Sai Hospital,