

**Authorization Letter to the Hospital for the Treatment and Guarantee of Payment
(Part-D)**

AL Approved Date :05-MAR-25

Apollo Hospitals
Rohini ID :8900080201354
21, Grems Road, Off. Grems Lane
Chennai,Tamil Nadu-600006
Tel: Mob:

AL Requested Date : 05-MAR-25

AL Number:110202052706

Dear Sir/Madam,

We hereby authorize and guarantee for payment of Rs 75900 (in words) Rupees SEVENTY-FIVE THOUSAND NINE HUNDRED only.
Authorization is valid for 15 days from the date of approval or proposed date of admission, whichever earlier (Provided date of admission remains same).

Admission/ Pre-authorization request note sent by you with the following information:

Name of the Patient	:LAWRENCE JEBADOSS G	Policy related Deductions :	
UHID Number	:IL24195788704	Co-Pay	:0
Requested Room Type	:Multi Bed Room	Deductible	:0
Class of Accommodation	:Private Single Room	BSI Exhaustion	:0
Provisional Diagnosis	:Chronic kidney disease, stage 5	Sub Limit	:0
Policy Period	:01-JUL-2024 To 30-JUN-2025	Proportionate as per Eligible Room	:0
Date of Admission	:18-FEB-2025	Non-Medical Expenses* (Please refer Annexure for details)	:0
Policy Name	:LUCID HOLDINGS INDIA PVT LTD	Others:	:0
Patient IP No	:AC01.00031	Remarks (deductions will be calculated at the time of final settlement)	
Age	:62		
Gender	:MALE		
Policy No	:4016/X/298206238/01/000	Network related Deductions :	
Proposer Name	:	Hospital Tariff Deductions	:0
Relation with Proposer	:FATHER	Discounts	:0
Date of Discharge	:18-MAR-25	(Shall be applied at the time of Final Authorization)	
Estimated length of stay	:29	Amount to be paid by Insured	:0
Proposed line of treatment	:MEDICAL	at the time of final Authorization	
Total Bill Amount	:75900		
UIN	:		
BSI	:216940		

Event	Date & Time	Final Sanctioned Amount	Status
Initial Approved	05-MAR-2025 07:35:37 PM	75900	APPROVED
Final Approved Amount		75900	APPROVED

Hospital Agreed Tariff :

1. Package case

Agreed Package Rate :NA

2. Non-package Case

Hospital Agreed Tariff Non Package Case-Rent/day						
Room Rent	ICU Rent	Nursing Charges	Consultant Visit Charges	super specialist charges	Surgeon fee/OT/ Anaestheist	Others (Specify)
0	0	Included in Room Rent	0	0		0

Remarks:

Please furnish the detailed course of hospitalization along with the discharge summary and the break-up of the final bill before discharge of the patient. This is an initial approval only, balance amount would be processed at the time of discharge .

“For any cashless queries, write on cashlessrequest@icicilombard.com”

Note: "Please submit PAN of your hospital and Aadhaar Number of the Authorized Signatory (with copy) for settlement of the Claim."

Important Note: This authorization is valid for Admission within 15 days from the Date of Admission mentioned or expiry /cancellation of the Insurance policy whichever is earlier. This Authorization becomes null and void if the patient is discharged before the date of this letter issuance. Copayment Amount has to be collected from Insured. Claim Processing / Settlement will be as per agreed rates in MOU/Tariff. This is an electronically generated document and this requires no seal / stamp

For Real time Update logon to: <https://ilhc.icicilombard.com/Customr/ClaimStatus>

Address: ICICI Lombard GIC, ICICI Lombard Healthcare, 01st, 04th, 05th & 06th floor, Varun Towers II, Opp Hyderabad Public school, Begumpet, Hyderabad, Telangana, 500016.

Email: ihealthcare@icicilombard.com

IRDA Registration No. 115.

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 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 pay out 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 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 policyholder may be reimbursed by insurers subject to the terms and conditions of the policy

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

Important Instructions to Hospitals :1)If the hospital bill is estimated to be higher than the guarantee of payment, a request letter for additional amount needs to be sent to ILGIC 2) If no further guarantee is available, the hospital must collect the excess amount directly from the beneficiary at the time of admission/ prior to discharge from the hospital, as per hospital rules and regulations 3) Please collect the hospital bill summary with final bill with details of units of each service (authenticated by patients signature). 4) Please collect the discharge summary and reports of all investigations (original). 5) Please collect an undertaking from the insured / patient for submitting his/her documents to ILGIC Ltd in original. 6) Charges for the following miscellaneous services and related allied services must be collected directly from the patient.i) Registration / admission charges ii) Ambulance charges (unless authorized) iii) Attendant / visitor pass charges. iv) Special nursing charges not authorized by the attending doctor v) Service charges not forming a part of the bed charges in general ward, maintenance charges, surcharges vi)Charges for extra bed for attendant etc vii)Bed retaining charges viii)Charges for TV, Laundry etc ix) Telephone/Fax charges x) Food and Beverages for attendants and visitors. xi) Toiletries etc xii) Purchase of medicines not related to the treatment xiii) Stationery, Xerox or certifying charges.

Following Details are mandatory for claim settlement

Date of Discharge Final Bill Amount Amount Paid by Patient			
		Signature of the Patient/Relative	Hospital Stamp & Signature

All payments to Hospitals are subject to deduction of tax at source as per prevailing rate unless lower/nil TDS certificate had been provided to the payer, under section 194J as per Circular No 8/2009. Dated 24-11-2009 from Income Tax Dept