

Ketan Bapu Sarode

From: donotreply@fhpl.net
Sent: Tuesday, January 17, 2023 5:45 PM
To: tpa_nm@apollohospitals.com
Cc: tushar.tewatia@payu.in; Ketan Bapu Sarode
Subject: Cashless Approved for Patient Name : Bapu Tukaram Sarode(Father)

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Cashless Authorization Letter

Date: 1/17/2023 5:44:01 PM

Dear Provider Partner ,
This has reference to the pre-authorization request submitted on 1/16/2023 8:41:00 PM
Claim Number:23011601612(Please quote this number for all further correspondence)

Authorization is valid for admission up to 1/24/2023 12:00:00 AM or expiry of the policy date whichever is earlier

Name of Hospital	: Apollo Hospitals Enterprises Limited	Name of Insurance Company	: Acko General insurance Limited
Address	: Plot: #13, Parsik Hill Road, Off Uran Road, Sector-23, CBD Belapur, Navi Mumbai belapur	Name of TPA	: Family Health Plan Insurance TPA Limited
City	: Navi Mumbai	Proposer Name	:
District	: MUMBAI	Patient's Name	: Bapu Tukaram Sarode
State	: Maharashtra	Insurer Id of the Patient	: AGIL46896631
PinCode	: 400614	Relation with Proposer	: Father
Rohini ID	: 8900080348257		

We here by authorize cashless facility as per details mentioned below :

Patient Name	: Bapu Tukaram Sarode	Age(Years)	: 52
Policy Number	: GMC057400100PAYUFINANCE	Gender	: Male
Policy Period	: 22-10-2022 - 12-05-2023	Expected Date of Admission	: 1/17/2023 12:00:00 AM
Room category	: General Ward	Expected Date of Discharge	:
Eligible Room Category as per T&C of Policy Contract	: General Ward	Estimated length of stay (Days)	: 8
Provisional Diagnosis	: CA RECTUM	Proposed line of treatment	:
Corporate Name	: Payu Finance India Pvt Ltd : Parental	Branch Code	:

Authorization Details:

Date & Time	Reference number	Amount	Status
17/01/2023 -17:44	23011601612-1	300000.00	Approved

Total Authorized amount:- Rs:300000.00(Three Lakhs)

Authorization Remarks :

Covered for Surgical Management.Room Rent limit restricted to Single Standard AC Room for Normal. NOTE: kindly send final bill as per agreed tariff

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

i. 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/Anesthetist :

vi. Others (specify) :

Authorization Summary

Total Bill Amount	: 494570.00
*Other Deductions	: 194570.00
Discount	: 0.00
Co-Pay	: 0.00
Deductibles	: 0.00
Total Authorized Amount	: 300000.00
Amount to be paid by insured	:

***Other Deduction Details:**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Others	494570.00	194570.00	300000.00	194570.00/- GENERAL,

Terms and Conditions of Authorization :

- Cashless Authorization letter is 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 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. Differential Costs borne by policy holder 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

Please send us the above documents / details within 7 days of discharge of the patient in order to expeditiously reimburse the amount.

Name of the Product : Acko Standard GMP and UIN No : N/A

Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Authorized signatory(Insurer/TPA)

Family Health Plan Insurance TPA Limited

Toll free No : 1800-266-2256

Address: Family Health Plan Insurance TPA Ltd, Srinilaya - Cyber Spazio, Second Floor, Road No.2, Banjara Hills, Hyderabad-500 034.

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