



Date :26 Jul 2023

To,

The Administrator / Medical Superintendent,
Manipal Hospitals Pvt Ltd,
143, 212-2015 KR Puram Hobli, Off Hoodi Village, EPIP, Industrial Area, Whitefield, Bengaluru.,
Hospital ID: (199334)
Rohini Id: 8900080346260

Dear Partner,

With reference to your request (115440023) for final cashless pre-authorization, we here by authorize INR **240954** against your final bill amount INR **284400**.
The details of the pre-authorization are as follows:

Patient Details

Patient Name	Manish Kumar
Relation to Primary Beneficiary	Self
Age	47
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4019812966
Policy Holder	Software AG_Bangalore
IP No.	
Policy No.	76180034220400000005
Policy Period	01 Dec 2022 to 30 Nov 2023
Primary Beneficiary	Manish Kumar
Primary Beneficiary Employee ID	50006278
Insurer Claim No	TP00376180023900000261
Insurer Member ID	MEMBER1536

Treatment Details

Provisional Diagnosis	Calculus of gallbladder with acute cholecystitis without obstruction
Expected Date Of Admission	24 Jul 2023
Treating Doctor	Dr Shivakumar Varakanahalli
Procedure / Treatment Planned	Cholecystectomy
Estimated Date of Discharge	26 Jul 2023
Room Category Occupied	SEMI-PVT A/C
Length Of Stay	2
Eligible Room Category	SEMI-PVT A/C

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	24 Jul 2023 19:07	250000	100000
2	Pre-Auth Processed	26 Jul 2023 16:07	284400	240954

Total Authorized amount Rs 240954 (Two Lakh Forty Thousand Nine Hundred and Fifty Four).

Authorization Remarks :

discount as per final bill / final approved / NME charges deducted / Room rent 1.5% of SI for Normal ward and 3% of Sum insured for ICU .Do not collect the discount from patient.NON MEDICAL CHARGES / SERVICE CHARGES / SURCHARGES /LUXURY TAXES NOT PAYABLE -AUTHORIZATION SUBJECT TO SCRUTINY OF BILLS & DOCUMENTS

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

Hospital Agreed Tariff :

I. Package Case	
Agreed Package Rate	49989 (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)	284400
Other Deductions(INR)*	25958
Hospital Discount (INR)	17488
Copay (INR)	0
Deductibles (INR)	0
Total Authorized Amount(INR)	240954
Amount to be paid by Insured (INR)	25958

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	OT Consumables	19429	6716	12713	APRON POLY UNSTERILE 34 X 52 INCHES 160 GAUGE AMARLYSIS:551.98, BLADE SURGICAL NO.11 - BOX OF 100 PCS LISTER:17.51, BOWL KIDNEY DISPOSABLE 105AA260 VERNACARE:53.29, ELECTRODE ECG ADULT # 31050522 MEDITRACE - KENDALL, TYCO:115.03, ELECTRODE RETURN ADULT (PATIENT) POLYHESIVE II FOR VALLEYLAB CAUTRY CAT NO E7507:940.00, GLOVE EXAMINATION (MEDIUM) POWDER FREE NON- STERILE NITRILE (BLUE) AROSAFE # AHC230008 LATRILE GLOVES PVT LTD:737.65, GLOVES 6.5 STERILE PF ENCORE LATEX MICRO DERMASHIELD #5787002, ANSELL:1871.87, GOWN SURGICAL STANDARD XL BAPUJI SURGICALS:819.00, Swab gauze 10 cm x 10 cm, 8 ply , Type 17, A fold with R.O Eto/Steam pouch - BAPUJI:1609.94
2	Medicines/Drugs	17069	918	16151	BETADINE 10% W/V TOPICAL SOLUTION 500 ML:268.80, HEALIN HDC+ topical solution 500 ML:650.00
3	IV Fluids / Disposables	10674	5170	5504	BED BATH TOWELS SOFT (10S) WIPES 240 MM X 300 MM STLORA, GINNI FILAMENTS LTD:345.00, CANNULA 20 G VASOFIX SAFETY B BRAUN:960.01, ELASTIC ADHESIVE BANDAGE 10 CM WIDTH X LENGTH 4/6 MT FLEXOBAND, RUPASHREE:350.00, ENDOBAG - SZIE 14CM X 12CM - WITH STRING - POLYTHENE COVER- FOR SPECIMEN COLLECTION - S.R. DRAPE:200.00, GLOVES EXAMINATION (MEDIUM) PF MICROFLEX NITRILE #92.134, ANSELL:500.17, LANCET SAFETY SLNP 30G 1X100 #SAFLAN ISENS:58.01, Lap Sponges 25 cm x 25 cm, 6 ply Type 17 BP with Eto/Steam pouch - BAPUJI:860.05, PAD DRESSING COMBINE 15 CM X 20 CM, (2 PCS/MED. GR. POUCH) TYPE 17 BP GAUZE WITH 200 GSM RAMARAJU COTTON WITH ETO/STEAM - BAPUJI SUR:372.02, Swab gauze 7.5 cm x 7.5 cm 8 ply Type 17 A fold in Eto Steam pouch:1008.00, SYRINGE 10 ML WITH NEEDLE DISPOVAN, HMD:60.51, SYRINGE 20 ML WITH NEEDLE DISPOVAN, HMD:75.02, SYRINGE 5 ML WITH NEEDLE DISPOVAN, HMD:8.08, TEGADERM 6 CM X 7 CM (1623W), 3M:103.00, TEGADERM IV ADVANCED DRESSING KIT FOR PERIPHERAL IV LINES 6.5CM X 7CM #1683 3M:271.00
4	Consultation / Visit	45620	11454	34166	nme - 25958
5	Admission Charges	4700	1700	3000	[IPBEDC1] Admission Charges:1700.00

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.

6. 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.
7. 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

1. Detailed discharge summary and all bills from the Hospital
2. Cash memos from the Hospitals / Chemists supported by proper prescriptions
3. Diagnostic Test Reports and Receipts 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. Please send cashless documents to address mentioned in last page of letter. (Beneath signature)
7. Final hospital bills should be issued in the name of The New India Assurance Co. Ltd as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.

Cashless Checklist

1. Photo ID Card
2. Address Proof
3. Discharge Summary (Mandatory)
4. Final Bill (Mandatory)

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:

For partner hospital



View this claim on [IHX](#). Not on IHX yet? [Sign Up](#) now.

[View](#) important notes related to cashless claims

For member beneficiary

Pre- and post-hospitalization expenses? Raise a reimbursement claim on [MediBuddy](#).

Learn more about [common reasons for difference in claimed and approved amounts](#)

Get the MediBuddy app  

Warm Regards,



Medi Assist Insurance TPA Pvt. Ltd

CIN: U85199KA1999PTC025676.

Cashless Processing Centre

#58/1A, Singhasandra.

Hosur Main Road,

Begur Post.

Bangalore. PIN - 560068.

Helpline: **1800 425 9449**

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.



THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL