



Date :11 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 (115058040) for final cashless pre-authorization, we here by authorize INR **196201** against your final bill amount INR **213771**.
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	TP00376180023900000224
Insurer Member ID	MEMBER1536

Treatment Details

Provisional Diagnosis	Cholelithiasis
Expected Date Of Admission	04 Jul 2023
Treating Doctor	
Procedure / Treatment Planned	Other procedures on digestive system
Estimated Date of Discharge	11 Jul 2023
Room Category Occupied	Single Ward (Private / Special / Executive Ward)
Length Of Stay	7
Eligible Room Category	Sharing Ward (Semiprivate / Multibed Ward)

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	05 Jul 2023 13:07	250000	109440
2	Pre-Auth Processed	11 Jul 2023 12:07	213771	196201

Total Authorized amount Rs 196201 (One Lakh Ninety Six Thousand Two Hundred and One).

Authorization Remarks :

FINAL CONDITIONAL APPROVAL,FINAL CASHLESS SETTLEMENT WILL BE AS PER AGREED POLICY TERMS AND CONDITIONS

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	58144 (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)	213771
Other Deductions(INR)*	6714
Hospital Discount (INR)	10856
Copay (INR)	0
Deductibles (INR)	0
Total Authorized Amount(INR)	196201
Amount to be paid by Insured (INR)	6714

*Deduction Details

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	OT Consumables	3101	1173	1928	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:25.00, GLOVES 6.5 STERILE PF ENCORE LATEX TEXTURED DERMASHIELD 5785002, ANSELL:208.01
2	Medicines/Drugs	16519	650	15869	HEALIN HDC+ topical solution 500 ML:650.00
3	IV Fluids / Disposables	12531	1002	11529	BED BATH TOWELS SOFT (10S) WIPES 240 MM X 300 MM STLORA, GINNI FILAMENTS LTD:345.00, BEDPAN LINER - 75 PER BOX # 121AA075 - VERNACARE:96.25, ELASTIC ADHESIVE BANDAGE 10 CM WIDTH X LENGTH 4/6 MT FLEXOBAND, RUPASHREE:350.00, LANCET SAFETY SLNP 30G 1X100 #SAFLAN ISENS:43.51, MASK 3PLY NOSE WITH MELTBORN FILTER EACH LAYER 25 GSM, BLUE WITH TIE, PROTOCARE:60.01, NEEDLE DISPOSABLE 18G X 1.1/2, DISPOVAN:5.23, SYRINGE 1 CC INSULIN 40 IU DISPOVAN, HMD:9.50, SYRINGE 20 ML WITH NEEDLE DISPOVAN, HMD:25.00, SYRINGE 5 ML WITH NEEDLE DISPOVAN, HMD:67.97
4	External durable appliances	849	849	0	RESPIRATORY EXERCISER RESPICISER, ROMSON:849.00
5	Patient / Attendant Food Charges	40	40	0	Juice - Lime (200ml):40.00
6	Documentation charges	1300	1300	0	Documentation Processing Fee:1300.00
7	Admission Charges	1700	1700	0	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.
- 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)
- 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

7. requirement for claim settlement.

Cashless Checklist

1. Photo ID Card
2. Address Proof
3. PAN CARD of Primary beneficiary (if approved amount is >Rs.1 Lakh)
4. Discharge Summary (Mandatory)
5. Final Bill (Mandatory)
6. Lab reports
7. X-Ray Film/Report
8. CT Scan
9. MRI
10. Sticker
11. Invoice (individual/Bulk)
12. Biopsy

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