

Deductibles : 0 (INR)

Total Authorized Amount : 56,526 (INR)

Amount to be paid by Insured : 8,989 (INR)

**\* Other DeductionDetails :**

Sr N	Particulars	Requested Amt	Deduction Amt	Reason	Payable Amt
1	Bed/Nursing charges	24000	1500	Policy Term & Condition	22500
2	Consultant Charges(Room)	8100	502	As per Remark - [Proportionate deduction]6.2 %	7598
3	Investigations - ANALYSIS	21205	0	As per Actual	21205
4	Medicines	13300	1641	Non-Medical- gloves, gauze, micropore, extension, cotton	11659
5	Others	900	56	As per Remark - [Proportionate deduction]6.2 %	844
	<b>TOTAL</b>	<b>67505</b>	<b>3699</b>		<b>63806</b>
6	Others	3540	3540	Non-Payable - diet, biomedical, cssd consumable	0
7	Discount	0	7280	Hospital Discount - TOTAL BILL	-7280
8	Others	1500	1500	Non-Payable- miscellaneous, gst	0
9	Admission Charges	250	250	Non-Payable	0
	<b>TOTAL</b>	<b>5290</b>	<b>12570</b>		<b>-7280</b>
		<b>72795</b>	<b>16269</b>	<b>Hospital Payable Amt ==&gt;</b>	<b>56526</b>

Please note that as per IRDAI regulations, Part 'C' is to be submitted for Pre-Authorisation. In the event, you have not submitted please note to submit the same along with the claim file.

**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 rights 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 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 cost towards Non-admissible amount (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 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. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date.
2. All the network providers should capture and provide details of final bills/discharge summary/invoices as per IRDAI regulations
3. Cash memos from the hospitals/chemists supported by proper prescription.
4. Diagnostic test reports and receipts supported by note from the attending medical practitioner/surgeon recommending such diagnostic tests.
5. Surgeon's certificate standing nature of operation performed and surgeon's bill and receipt.
6. Certificates from attending medical practitioner/surgeon giving patient's condition and advice on discharge.

Name of the product : Group Mediclaim Tailormade Policy