



Cashless Authorization Letter
Date: 09-09-2025



Hospital Name: **Yashoda Super Speciality Hospital**
Address: **Sardar Patel road, Secunderabad, Secunderabad - 500003**

Rohini ID: **8900080157941**

Claim Id: **1575209**

Claim Submission Date & Time: **08-09-2025 02:12:00 PM**

Cashless approval Valid upto: **23-09-2025 11:31:07 AM**

Employee Name: **Sandeep Pabbathi**

Patient's UHID: **VOLO03568294**

Relationship with Employee: **PARENT**

Policy Holder: **GE**

Employee Id: **260003010**

In reference to the request above, we hereby authorize cashless facility as per details mentioned below:

Patient Name: Pabbathi Annapurna	Age : 59 years	Gender : Female
Insurer : The Oriental Insurance Co. Ltd.	Cover Name: Group Medclaim Policy 2025-26	
Policy Number: 540000/48/2026/437	Expected Date of Admission: 10-09-2025	
Policy Period: 05-05-2025 to 31-03-2026	Expected Date of Discharge: 10-09-2025	
Product Name:	UIN:	
Room category:	Estimated length of stay: 1 days	
Eligible Room Category as per T&C of Policy Contract:		
Provisional Diagnosis: Malignant neoplasm of cervix uteri, unspecified		

Authorization Details

Date & Time	Authorization Status	Total Claimed Amount	Total Authorized Amount
09-09-2025	Pre-Auth Approved	Rs 52,700 (Fifty two thousand seven hundred)	Rs 16,000 (Sixteen thousand)

Important Authorization Remarks:

Approved as per agreed tariff and as policy T&C

Team Cashless

Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

2nd Floor, J.P House

Plot No. 172, Lane 2, Westend Marg

Saket Metro Station, New Delhi, 110003

Cashless Number : 1800202030

Email : cashless@volohealthtpa.com

(It is a computer-generated document and does not require signatures.)

This is a system generated document verified by TrueClaim. Document has been produced by the authorised signatory and the releasing authority has confirmed the authenticity of the document.

Date and Time of Release:
09-09-2025 11:31:07 AM

Location: New Delhi

Releasing Authority: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)

User: Volo Health Insurance TPA Pvt Ltd (Formerly known as East West Assist Insurance TPA Pvt Ltd)
Address: 2nd Floor, J.P House
Plot No. 172, Lane 2, Westend Marg





Terms and Conditions for Authorization

- a. 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.
- b. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- c. 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)'
- d. 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)'
- e. 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.
- f. 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.
- g. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy
- h. THE COMPLETE SET OF CLAIM DOCUMENTS INCLUDING FINAL BILL, SUPPORTING DOCUMENTATION, DISCHARGE SUMMARY AND INVOICES NEED TO BE SUBMITTED TO THE TPA WITHIN 2 DAYS OF DISCHARGE DATE

In addition to this, the provider will adhere to all procedures specified by the IRDAI and the agreement signed.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- a. Detailed Discharge Summary and all Bills from the hospital, duly verified and signed by the member/attendant at the time of discharge
- b. Cash Memos from the Hospitals / Chemists supported by proper prescription.
- c. 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.
- d. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- e. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
- f. All original invoices of any implants utilized for the patient, during the hospitalization

KINDLY NOTE THAT IF ANY OF THE ABOVE ARE NOT PROVIDED BY THE HOSPITAL WITHIN 7 DAYS FROM DATE OF DISCHARGE, THE CASHLESS APPROVAL STANDS NULL & VOID.



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User: Volo Health Insurance TPA Pvt Ltd Address: 2nd Floor, J.P House
(Formerly known as East West Assist Plot No. 172, Lane 2, Westend Marg