



Cashless Authorization Letter
Date: 29-07-2025



Hospital Name: **Ozone Hospitals Medchal**
Address: **Bunglow No 56 Sy No 606 Opp Rythu Bazar Parking G V Reddy Colony Alwal, Secunderabad - 500010**

Rohini ID: **8900080498358**

Claim Id: **1530391**

Claim Submission Date & Time: **28-07-2025 11:24:00 AM**

Cashless approval Valid upto: **12-08-2025 06:34:34 PM**

Employee Name: **Sandeep Pabbathi**

Patient's UHID: **VOLO03568296**

Relationship with Employee: **PARENT**

Company Name: **GE**

Employee Id: **260003010**

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

Patient Name: Pabbathi Narasimhulu	Age : 64 years	Gender : Male
Insurer : The Oriental Insurance Co. Ltd.	Cover Name: Group Mediclaim Policy 2025-26	
Policy Number: 540000/48/2026/437	Expected Date of Admission: 27-07-2025	
Policy Period: 05-05-2025 to 31-03-2026	Expected Date of Discharge: 29-07-2025	
Product Name:	UIN:	
Room category: TWIN SHARING	Estimated length of stay: 2 days	
Eligible Room Category as per T&C of Policy Contract:		
Provisional Diagnosis: Atherosclerotic cardiovascular disease, so described		

Authorization Details

Date & Time	Authorization Status	Total Claimed Amount	Total Authorized Amount
29-07-2025	Pre-Auth Approved		Rs 80,000 (Eighty thousand)
29-07-2025	Claim Approved	Rs 48,011 (Forty eight thousand eleven)	Rs 29,830 (Twenty nine thousand eight hundred thirty)

Important Authorization Remarks:

FINAL APPROVAL

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:
29-07-2025 06:34:34 PM

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



Invoice Summary:

Claimed Amount (INR)		Approved Amount (INR)	
Total Invoice Amount	48011.0	Total Approved Amount	40288.0
Room & Nursing	4000.0	Room & Nursing	3000.0
Procedure	15700.0	Procedure	15700.0
Consultation	2850.0	Consultation	2500.0
Pharmacy	5213.0	Pharmacy	3250.0
Miscellaneous charges	4910.0	Miscellaneous charges	500.0
Investigation	15338.0	Investigation	15338.0
Total GST			0.0

Claim Calculation Details

Total Bill Amount (INR):	48011.0
Other Deductions (INR):	0.0
Discount (INR):	0.0
Co-Pay (INR):	7458.0
Deductibles (INR):	0.0
Non Claimable Amount (INR):	9723.0
Tariff Deduction (INR):	1000.0
Total Authorized Amount (INR):	29830.0
Amount to be paid by Insured: (INR)	18181.0

Deduction Details

S.No	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Consultation	2,850	350	2,500	DIETITIAN CONSULTATION
2	Ward Medicines	5,213	1,963	3,250	EXAMINATION GLOVES=90/- IV FIX=95/- OMNIVAN=326/- PMO LINE=802/- SYRINGE=650/- =1963/-
3	Other	4,910	4,410	500	MONITOR=610/- MEDICAL RECORDS=500/- ADMISSION CHARGES=500/- SYRINGE PUMP CHARGES=1600/- GRBS CHARGES=1200/- =4410/-
4	Room & Nursing	4,000	3,000	0	Excess of room rent as per hospital tariff, Deducted excess charges should not be recovered from the patient



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Insurance TPA Pvt Ltd (Formerly known
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Ltd)



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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