

Date :- 13 May 2023

#### **Cashless Authorization Letter**

\*5768471\*

AL No: HAT /24/5768471 (Please Use this no for any communication regarding this AL)

Claim Number OC-24-1002-8403-00031680

Authorization is valid for admission up to 26-May-2023

#### ASTER HOSPITAL (UNIT OF ASTER DM HEALTHCARE LIMITED) - BANGALORE

Plot No 2,3 & 4, Sadaramangala Industrial area, Near ITPL Main Road, Whitefield, Bangalore, 560066

Off ITPL main road BANGALORE Pin Code:- 560066

Phone No:- (80)080-45108888 Fax No:- (80)0

Rohini ld:-8900080464360

Proposer Name: - Sarita Panda

Relation with Proposer:- Self

Patient ID card Number:- DTT-23-719770

Dear Sir/Madam,

This has reference to the pre authorization request submitted on 11-MAY-23. We here by authorize cashless facility as per details mentioned below:

Patient Name: SARITA PANDA	Age: 26
Policy Number : OG-23-1919-8403-00000099	Gender: Female
Expected Date Of Admission: 11-MAY-23	Expected Date Of Discharge :13-MAY-23
Policy Period: 01-SEP-22 to 31-AUG-23	Estimated length of stay: 2
Availed Room Category : PRIVATE A/C	Eligible Room category :
Provisional Diagnosis: Primi with 37 wks	Proposed line of treatment : SURGICAL

#### Authorization Details:-

Date and Time	Reference Number	Amount	Status
11-MAY-2023	5768471	75000	CASHLESS APPROVED
13-MAY-2023	5768471	5000	CASHLESS APPROVED

Total Authorized amount: EIGHTY THOUSAND Rs/-

#### Hospital Agreed Tariff:-

1.	Package Case	
	Agreed Package Case	/-
II.	Non Package Case	
i.	Room rent /day -	0/-
ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon's fee -	0/-



vi. OT charge - 0/vii. Anaesthetist - 0/viii. Others - /-

#### **Authorization Summary:-**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Non-Medical Charges	1500	0	0	1500	
OT Charges	34020	0	0	34020	
Other Deduction***	55577	55577	0		~ Sum Insured for Maternity ex- hausted. Please col- lect the balance amount from the pa- tient
Discount***	15243	15243	0		12% discount on total hospital bill excluding medicine, consumable, implants and agreed packages
Miscellaneous	700	0	0	700	
Pharmacy Charges	23793	0	0	23793	
Nursing Charges	6247	0	0	6247	
Cardiology Charges	1500	0	0	1500	
Doctor Charges	20630	0	0	20630	
Surgeon Charges	51030	0	0	51030	
Room Charges	11400	0	0	11400	

#### **Payment Details**

Claimed Amount	150820
Total Approved Amount	80000
Disallowed Amount	70820
Amount to be collected from Insured	55577
Beneficiary Name	ASTER DM HEALTHCARE LIMITED

#### Authorization Remarks

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<sup>\*</sup> Authorized amount is in accordance with the package agreed with Bajaj Allianz General Insurance Co Ltd.

<sup>\*</sup>Non medical expenses incurred during hospitalization are payable hence should not be collected from patient for this corporate policy.

<sup>\*</sup>Please send Medicine and Investigation bill break up with original claim documents for settlement mandatorily.

<sup>\*</sup> IPD Discount of 12% on total hospital bill excluding medicine, consumable, implants and agreed packages



Terms and conditions of Authorizations:

- 1. Above mentioned IPD discounts will be auto adjusted in the Balanced Sum insured of the policy holder, during the time of final claim settlement with the hospital.
- 2. 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.
- 3. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- 4. 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).
- 5. 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)
- 6. 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.
- 7. 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.
- 8. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.
- 9. Cashless payments shall be made by electronic mode only. Cheques / DDs will not be issued. For detailed information on Electronic Payment process, please contact us at hat@bajajallianz.co.in
- 10. If documents are not received within 60 days from the date of discharged and claim will be closed without payment.
- 11. Post claim closure for delayed submission of claim documents, any further payment is subject to Balance Sum Insured for the Customer's policy. If Sum Insured of patient is exhausted in due course time of claim closure and receipt of claim documents from the hospital. BAGIC will not be liable to make any payment.
- 12. In case of short payment or short approval kindly contact us immediately within 7 days from the date of settlement. Later on any short payment query shall not be entertain.
- 13. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date.
- 14. Hospital discharge summary should be signed by treating doctor and it will also signed by patient or attendant, in discharge summary hospital should mention ICD code and date and time of discharge.
- 15. In Hospital final bill should mention complete address of the insured, name of insurance company, policy number and it will also signed by patient or attendant.
- \* Please send cashless claim documents to Health Administration Team, Bajaj Allianz Insurance Company, 2nd Floor, Bajaj Finserv Building, Survey No. 208 / B 1, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune-411 014 within 2 days of patient's discharge.

#### 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 prescription
- 3. 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.
- 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.

If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line



insurance claims up to Rs.20 lacs. Detailed process along with list of Ombudsman offices are available at http://www.policyholder.gov.in/Ombudsman.aspx

Name of the Product is Group Mediclaim (Floater) And UIN No BAJHLIP21536V022021

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**Authorised Signatory** 

#### Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune.Maharashtra-411014
Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7
Email: preauth@bajajallianz.co.in Website: www.bajajallianz.com

Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-209-5858 Email: Bagichelp@bajajallianz.co.in CIN No.: U66010PN2000PLC015329 UIN No.: BAJHLIP21536V022021

#### **Grievance Redressal Process:**

If you are not satisfied with the resolution provided you can alternatively reach out to us at

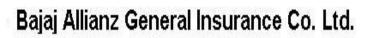
- 1. Our toll free number 1-800-209- 5858) or say Say "Hi" on WhatsApp on +91 7507245858
- 2. Branches for resolution of your grievances / complaints
- 3. Register your grievances / complaints on our website www.bajajallianz.com
- 4 F-mail
  - a. Level 1: Write to bagichelp@bajajallianz.co.in
  - b. Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at <a href="mailto:ggro@bajajajlianz.co.in">ggro@bajajajlianz.co.in</a>
  - c. Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS < WORRY > To 575758 and our care specialist will call you back
- 5. If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line insurance claims up to Rs.20 lacs. Detailed process along with list of Ombudsman offices are available at <a href="http://www.cioins.co.in/ombudsman.html">http://www.cioins.co.in/ombudsman.html</a>

Ombudsman's Office address are as follows:





Sr. no	Office Details	Jurisdiction of Office Union Territory, District)
1	AHMEDABAD, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka
3	BHOPAL, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh
4	BHUBANE SHWAR, Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
5	CHANDIGARH, Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigar





6	CHENNAI, Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
7	<b>DELHI,</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
8	GUWAHATI, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh,Nagaland and Tripura.
9	HYDERABAD, Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122, Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
10	JAIPUR, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	ERNAKULAM, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe- a part of Union Territory of Puducherry.



12	KOLKATA, Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	LUCKNOW, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	MUMBAI, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31, Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane



15	NOIDA, Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, Noida -201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA, Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand
17	PUNE, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

With warm regards,

**Authorised Signatory** 

For Bajaj Allianz General Insurance Company Limited

**Health Administration Team**