



## Claim Approval Letter

**Claim Number/Intimation Number:**

**Date:** 07-07-2025

**To,**

**Demo hospital**

**60 A Bhulabhai Desai Road**

**400026**

**Dear Sir/Madam,**

**This has reference to your request submitted on [10-07-2025]. We hereby authorize as per details mentioned below:**

### Patient Details

<b>Patient Name</b>	Prameela	<b>Age</b>	24 yrs
<b>Gender</b>	FEMALE	<b>Payer Patient ID</b>	MLLO0
<b>Admission Date</b>	06/Oct/2022	<b>Discharge Date</b>	18/Oct/2022
<b>Length of stay</b>		<b>Speciality</b>	Cardiology
<b>Treated Doctor</b>	Dr Keshava	<b>Line of Treatment</b>	
<b>Availed Room Category</b>	ICU		

### Approval Details

<b>Estimated cost</b>	90000.00
<b>Approved Amount</b>	79000
<b>Disallowed Amount</b>	

**Remarks:**[Disallowed amount with reasons]

### **Terms and conditions for authorization**

1. 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 shall stand null & void. At any point of claim ,Medverve reserves right to raise queries for any other document to ascertain the 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 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) (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
4. In the event of unauthorized recovery of any additional amount from the member in excess of Agreed Package Rates, the authorized 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.
5. Where treatment / procedure to be carried out by a Doctor/ Surgeon of member's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the member.
6. Differential cost borne by the member may be reimbursed by Corporate subject to terms and conditions of the policy.

### **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 prescriptions
3. Diagnostic Test Reports and Receipts 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 .
6. Please send cashless documents to address mentioned in last page of letter. (Beneath signature).

**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
- 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.

**Warm Regards,**

***Medverve Healthcare Pvt Ltd***

***Rekha Classic Arch, 3rd Floor, #75,***

***Panduranganagar, Bengaluru-***

***560076, India***