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Admission Officer (

Sister In-charge

AUTHORIZATION LETTER - 2

Payment Valid for Admission Between

04/10/2024

11/10/2024

Changed Toll Free Phone Number :18002335544

Authorization Fax Number: 044-28297252

and

Date 09/10/2024 MDI5111598 CCN THE MEDICAL DIRECTOR (Please quote this CCNo. in all future correspondence in this regard) Medway Hospital MDI5-0000462603 MDI ID Number New No:8, Old No.222, 4th Cross 010600\28\22\P100000022 Policy Number Street, trustpuram, kodambakkam, Chennai. K Selvarakj Corporate Name: Chennai Tamil Nadu SLLVARAJU K K A855637 Emp-Code Phone No Fax No Dear Sir / Madam: With respect to the "Request for Authorization Letter(RAL)" for treatment of Male Age Mr/Ms: received on 09/10/2024 Medway Hospital

we are hereby issuing this "Authorization Letter" for cashless services in your esteemed institution, subject to the terms and conditions, exclusions and limitations of the health coverage plan of the patient.

1. Name of the Patient

S.TAX Reg No:

2. Diagnosis

Surgical

3. Proposed Line of Treatment 4. Treating Doctor

5. Guarantee of Payment Upto Rs

76222

being the necessary treatment cost.

Amount in words (Rs)

Seventy six Thousand Two Hundred Twenty two Only.

AL1- Rs. 10000 + AL2- Rs. 76222 = Rs. 86222/-

Total Authorised Amount (Rs)





Hospital Alert:

1. Incase of a change in primary diagnosis, kindly intimate MDIndia in writing immediately.

3. Charges for miscellaneous, related &allied services must be collected directly from the patient.

Examples: Registration/Admission Fees, Service Charges, Surcharge, Tel/Fax/Photocopy, Food & Beverages for relatives, Special Diets, External Implants, Supports & Accessories, Dental Treatment, Toiletries, Private Nurse Charges, Ambulance, Barber charges, etc.

MDIndia will not be liable for payments in case the information provided in the "Request for Authorization Letter" and subsequent documents during the course of authorization, is found incorrect/revised or not disclosed.

****PS: Please quote your PAN no, immediately thru mail to emponelment@mdindia.com without foil and confirm with our team about updation of the same on Telina. 020-25300036,in absence of which TDS @ 20% will be deducted from Cashless Payments

Important: Please send duly filled Claim Form Signed by the Patient, along with all the original bills / receipts, prescriptions,

investigation reports and the discharge card with necessary attestation, within 7 days of discharge of the patient.

Please send pre & post operative X ray plates for claims of I racture & joint replacements along with the claim documents

This is Computerized statement hence doesn't required signature

TOTAL BILL: 132953.

Apppen: 86222

my treatment 46,491

April:

I hereby authorize the hospital/provider to submit the original discharge card and all original documents related to my treatment to MDIndia and authorize MDIndia to settle my claims directly with the Hospital.

Signature of Patient:

Disclaimer: The cashless access in MDIndia network of hospitals is merely a facility extended to the patient by the Insurance Company. MDIndia/Insurance Company doesn't guarantee the availability, quality & outcome of treatment, which is the sole responsibility of the provider. Choice of hospital/provider is the right of the patient.

W.E.F 1st Feb 2015, claim payment will be made directly by United India Insurance Company Ltd. (UIIC). If any hospital desires to have TDS exemption benefit, may please arrange for 1DS exemption certificate in favor of UIIC (TAN CHEU00014A). Earlier TDS Exemption certificate in name of MDIndia TPA will not be applicable and in absence of fresh TDS certificate, UIIC will be deducting TDS at 10%. UIIC will provide TDS certificate for the same directly to hospital.

MDIndia Health Insurance TPA Private Limited.