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PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED (IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

Plot No.A-442,Road No-28.M.I.D.C Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code: 022

Cashless Authorization Letter (Part-D)

Claim Number: 7029341 (Please quote this number for all further correspondence)

Date: 09/10/2024 11:11:08 PM

Authorization is valid for admission up to 19/10/2024.

MEDWAY HOPSITALS	Name of Insurance Company: The New India Assurance Company Ltd.				
Pc7, Pc7a, Block No-4, Bharathi Salai Mogappair West Nolambur,Chennai,Tamil Nadu-600037 Rohini Id : 8900080475298	Name of TPA: Paramount Health Services & Insurance TPA Pvt. Ltd.				
	Proposer Name: SHREYAS B MANGULKAR				
	Patient's Member : BAPURAO K MANGULKAR				
	ID/TPA/Insurer ID of the Patient : 26606709				
	Relation With Proposer: Father				
	Corporate Name: GMMCO LTD				

Dear Sir /Madam,

This has reference to the last documents received for pre-authorization request on 09/10/2024 10:45:36 PM. We hereby authorize cashless facility as per details mentioned below:

Patient Name: BAPURAO K MANGULKAR	Age: 80	Gender: MALE		
Policy Number: 970000/34/23/04/00000208	Expected Date of Admission: 04/10/2024			
Policy Period : 20/12/2023-18/12/2024	Expected Date of Discharge: 09/10/2024			
Room category : Room 3000/- Category as per T&C of Policy Contract	Estimated Length Of Stay:5			
Provisional Diagnosis :	Proposed line of treatment ;			

Claim Remarks:

Authorization Details :-

Claim No	Policy No	Date & Time	Reference number	Amount	Status	TAT
7029341	970000/34/23/04/00000208	09/10/2024 11:11	5522804	70976	Authorized	0:25

Total Authorized amount:- Rs 70976 (SEVENTY THOUSAND NINE HUNDRED AND SEVENTY SIX)

Authorization Remarks: This is top claim ,............This claim pertain to cen no.7022930/- (already given in base policy rs.220000/-) total approval from base policy rs.220000+70976 from top up policy ..total rs.290976/-

Hospital Agreed Tariff

I	Package Case:	
	Agreed Package Rate	: NA
H	Non-package Case:	
	i. Room Rent/day	: NA
	ii ICU Rent/day	:NA
	iii. Nursing Charges/day	: NA
	iv. Consultant Visit Charges/day	:NA
	v. Surgeon's fce/OT/Anesthetist	: NA
	vi. Others (specify)	: NA
Autl	norization Summary:	

Total Bill Amount	: 70976
*Other Deductions	: 0
Discount	: 0
Co-Pay	: 0
Deductibles	: 0
Total Authorised Amount	: 70976
Amount to be paid by insured	: 0

36177. Advanc: 107153 70976 -> 2efino

Sr.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Professional fees charges	70976	0	70976	This is top claim ,This claim pertain to cen no.7022930/- (already giver policy rs.220000/-)

Terms and Conditions of Authorization:

- 1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, an difference, deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 costs towards non-admissible amount (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package
- 4. Network Provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (inclinate and inclinate and inclinat additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package)
- 5. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Comp 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 un
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empanelled with the hospital), Network Provider may give tra after obtaining specific consent of policyholder.
- 7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the 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 prescription.
- 3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner /Surgeon recommending such Diagnostic supported by not the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- 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 submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
- Invoice of implants.
- 8. Radiology Films.

Name of the Product - GROUP FLEXI MEDICLAIM-FLOATER and UIN No - POB0761487 Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Please note that the amount authorized is provisional and is subject to change based on the final bill and discharge summary and deduction of TDS as applicable.

IMPORTANT POINT FOR CASHLESS PAYMENT:

- 1. Final Bill & Discharge summary is mandatory for validation of authorized amount. In the absence of discharge intimation or final authorization all previous AI will stand null & void.
- 2. Insurer reserve the right to demand invoice and /or sticker of high value implant & consumables or medicine at the time of settlement. Non submission may I denial of entire claim or deduction of such amount during final settlement or possible recovery of such amount due to non-submission of invoice.
- 3. Radiology films and all original investigation report to be submitted in the claim file to avoid payment delay or recovery of such amount paid erroneously on a
- 4. Hospital is requested to submit the claim file within 2 days from patient discharge date for hassle free payment.

This is a system generated letter hence signature is not required.