

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY

PART C (Revised)

TO BE FILLED IN BLOCK LETTERS

g) Per Day Room Rent + Nursing & Service charges + Patient's Diet:

Rs. 10,000

h) Expected cost for investigation + diagnostics:

Rs. 10,000

i) ICU Charges:

Rs. 10,000

j) OT Charges:

Rs. 10,000

k) Professional fees Surgeon + Anesthetist fees + Consultation charges:

Rs. 50,000

l) Medicines + Consumables cost of Implants: (specify if applicable)

Rs. 10,000

m) Other hospital expenses if any:

Rs. 0

n) All inclusive package charges if any applicable:

Rs. 0

o) Sum Total expected cost of hospitalization

Rs. 90,000

p. Mandatory past history of any chronic illness. If yes (since month/year)

<input type="checkbox"/>	1. Diabetes			
<input type="checkbox"/>	2. Heart Disease			
<input type="checkbox"/>	3. Hypertension			
<input type="checkbox"/>	4. Hyperlipidemias			
<input type="checkbox"/>	5. Osteoarthritis			
<input type="checkbox"/>	6. Asthma/ COPD / Bronchitis			
<input type="checkbox"/>	7. Cancer			
<input type="checkbox"/>	8. Alcohol or drug abuse			
<input type="checkbox"/>	9. Any HIV or STD / related ailments			
<input type="checkbox"/>	10. Any other ailment give details:			

DECLARATION (PLEASE READ VERY CAREFULLY)

We confirm having read understood and agreed to the declaration of this form

a) Name of the treating doctor: DR. Rangan

b) Qualification:

c) Registration No. with State code:

DECLARATION BY THE PATIENT / REPRESENTATIVE

- I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
- Payment to hospital is governed by the terms and conditions of the policy. In case the Insurer / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
- All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/TPA not governed by the terms and conditions of the policy will be paid by me.
- I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the insurer / TPA.
- I agree and understand that TPA is in no way warranting the service of the hospital & that the Insurer / TPA is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
- I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer/ TPA.
- "I/We authorize Insurance Company/TPA to contact me/us through mobile/email for any update on this claim"

a) Patient's / Insured's name:

b) Contact number:

c) Email ID: (Optional)

d) Patient's / Insured's signature:

Date: Time:

HOSPITAL DECLARATION

- We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.
- All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to TPA/ Insurance Company within 7 days of the patient's discharge.
- We agree that TPA / Insurance Company will not be Liable to make the payment in the event of any discrepancy between the facts in this form and discharge summary or other documents.
- The patient declaration has been signed by the patient or by his representative in our presence.
- We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
- We will abide by the terms and conditions agreed in the MOU.
- We confirm that no additional amount would be collected from the insured 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).
- We confirm that no recoveries would be made 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).
- 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 from us (the Network Provider) and/or take necessary action, as provided under the MOU or applicable laws.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed Discharge Summary and all Bills from the hospital.
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests.
- Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.

Hospital seal:

No. 2, Old No. 26, 1st Main Road,
United India Colony,
Chennai-600 024

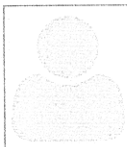
Doctor's signature:

Date: 22/07/2024 Time: 03:44pm

**HDFC
ERGO**

IBM

Beneficiary name: **Shobana Devi T**
Member ID: **31844778**
Employee code: **06765Q**
Date of birth: **10-Dec-1975**
Relation: **Spouse**
Primary insured: **Rama Kumar Thanniru**
Valid upto: **31-Dec-2024**
Policy holder: **IBM 2024**
Generated On: **20-01-2024 09:11:59**



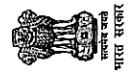
Shobana

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- In case of any delay in cashless approval beyond 3 hours, please reach out to MediAssist Emergency Preauth contact number - 04068178558
- For latest updated HDFC Ergo, please login to <https://portal.mediassist.in> or Mediassist mobile app.

Medi Assist Insurance TPA Pvt. Ltd.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru,
Karnataka 560029.CIN: U85199KA1999PTC025676
Website: www.mediassisttpa.in Email: ibmcare@mediassist.in

Toll free phone number: 08046855351 8884388455(Backup)



இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

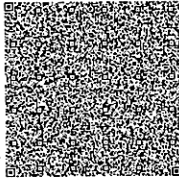
பதிவு அடையாளம்/Enrollment No.: 0000/00655/25388

To
Shobana Devi T
சோபனா தேவி த
C/O Rama Kumar T,
NO 14A,
EKAMBARA IYER STREET,
VENKATAPURAM CHENNAI,
VTC: Ambattur, PO: Ambattur,
District: Tiruvallur,
State: Tamil Nadu, PIN Code: 600053,
Mobile: 9840025678

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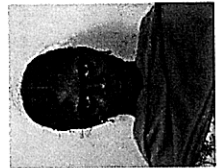
உங்கள் ஆதார் எண் / Your Aadhaar No.:

5768 2275 8416

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



சோபனா தேவி த
Shobana Devi T
பிறந்த நாள் / DOB: 10/12/1975
பெண் / Female

03/12/2016

5768 2275 8416

எனது ஆதார், எனது அடையாளம்



தகவல்

- ஆதார் அடையாளத்திற்கான சான்று, குடியுரிமைக்கு அல்ல.
- பாதுகாப்பான QR குறியீடு/ ஆப்ஸல் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.

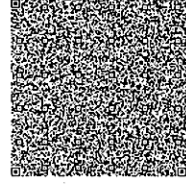
- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- mAadhaar செயலியைப் பயன்படுத்தி உங்கள் ஸ்மார்ட் போனில் ஆதாரை எடுத்துச் செல்லுங்கள்.
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இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India



முகவரி: ராம குமார் து, எண் 14ஏ, ஏகாம்பர ஐயர் தெரு, வெங்கடபுரம் சென்னை, அம்பத்தூர், திருவள்ளூர், தமிழ் நாடு, 600053



Address: C/O Rama Kumar T, NO 14A, EKAMBARA IYER STREET, VENKATAPURAM CHENNAI, Ambattur, Tiruvallur, Tamil Nadu, 600053

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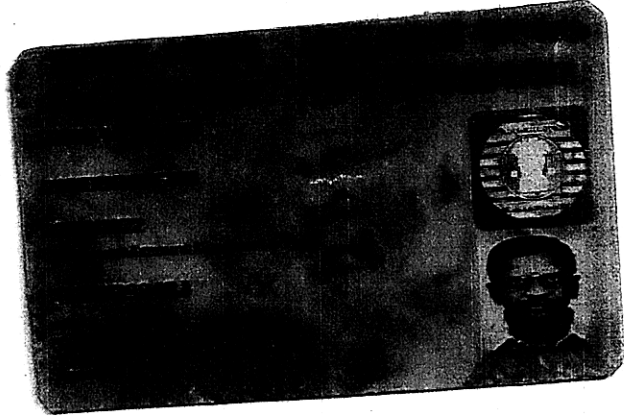
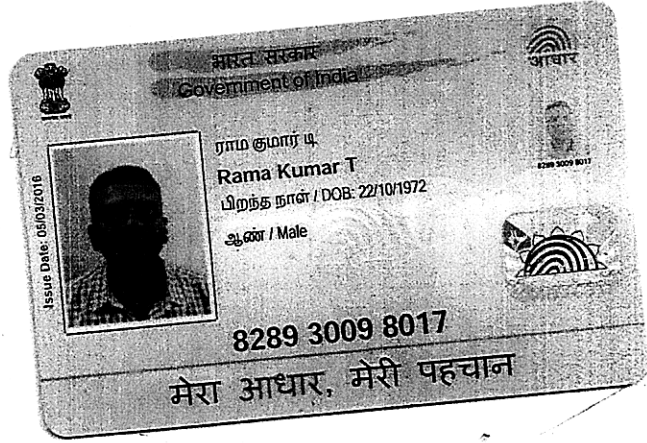
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✉ help@uidai.gov.in

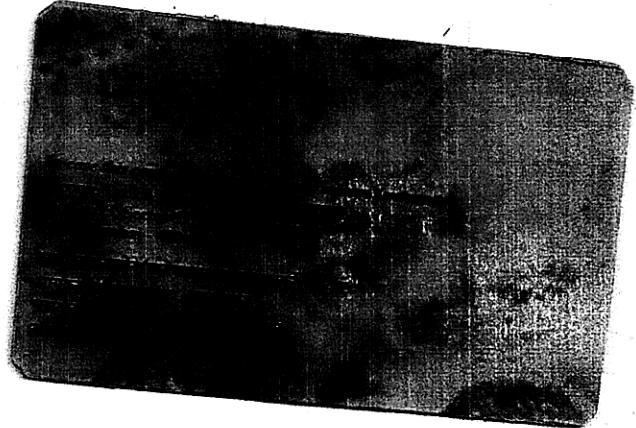
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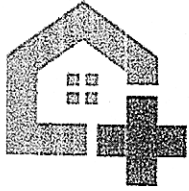
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RAMA KUMAR
THANNIRU









Dr RENGAN's
Gastro, Onco
Surgical Centre

Gastroenterology | Hernia | Laparoscopy |
Endoscopy | Cancer Care | Chemotherapy

Chennai Hernia Centre

Centre for Inguinal, Ventral, Complex and
Recurrent Hernias

No.17, Ram Colony, West Mambalam, Chennai-600033

Dr (Major) R S Rengan
MS, DNB, DLS(France)

Senior Consultant & Chief Surgeon
General, Laparoscopic,
Hernia & Gastrointestinal Surgery
TNMC Reg No: 44715

Ph : +91 98411 42294

17 JAN 2024

Shobanadevi 45/f

W/o Ramakumar

Large Hematoma @ Thigh

In EUA + evacuation/excision

↓ SA/PA on 24/1/24 / 10 AM

- PA checkup by Dr Sathishbabu
99625-70174

- Admit to Medway Hospital
Kodambakkam on
24th / 7 AM

NBM wef - 4 AM

Appointments & info : Ph: +91 94457 41574 / +91 9440 42294

info@surgeonrengan.com | www.surgeonrengan.com | www.chennaihernia.com

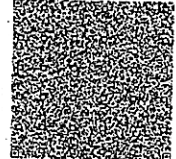


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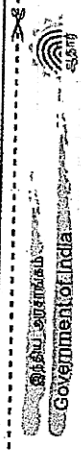
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State: Tamil Nadu, PIN Code: 600053,
Mobile: 9840025878



உங்கள் ஆதார் எண் / Your Aadhaar No.:
5768 2275 8416
எனது ஆதார், எனது அடையாளம்



செபுனா தேவி த
Shobana Devi T
பிறந்த நாள் / DOB: 10/12/1975
பாலினம் / Gender

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எனது ஆதார், எனது அடையாளம்

03/12/2016



Government of India



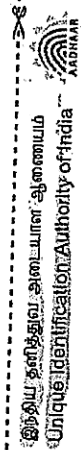
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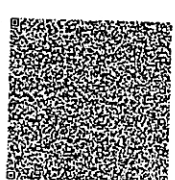
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Unique Identification Authority of India
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வெங்கடபுரம் சென்னை, அம்பத்தூர், திருவள்ளூர், தமிழ்நாடு, 600053



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EKAMBARA IYER STREET, VENKATAPURAM
CHENNAI, Ambattur, Tiruvallur, Tamil Nadu,
600053

5768 2275 8416



1947
help@uidai.gov.in



www.uidai.gov.in



Beneficiary name: **Shobana Devi T**
Member ID: **31844778**
Employee code: **06765Q**
Date of birth: **10-Dec-1975**
Relation: **Spouse**
Primary insured: **Rama Kumar Thanniru**
Valid upto: **31-Dec-2024**
Policy holder: **IBM 2024**
Generated On: **20-01-2024 09:11:59**

IBM



Handwritten signature

Toll free phone number: 08046855351 8884388455(Backup)

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Medi Assist Insurance TPA Pvt. Ltd.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru,
Karnataka 560029.CIN: U85199KA1999PTC025676
Website: www.mediassisttpa.in Email: ibmcare@mediassist.in

भारत सरकार
Government of India

राम कुमार टी
Rama Kumar T
பிறந்த நாள் / DOB: 22/10/1972
ஆண் / Male

Issue Date: 05/03/2016

8289 3009 8017

मेरा आधार, मेरी पहचान

भारत सरकार
GOVT. OF INDIA

राम कुमार टी
PANDURANGAN
22/10/1972
Permanent Account Number
AKDP9848J

Signature