



**STAR HEALTH AND ALLIED INSURANCE CO. LTD.,**  
SRI BALAJI COMPLEX,15,WHITES ROAD,CHENNAI 600014

**Cashless Authorization Letter**

**Claim Number : CLI/2021/700002/0109192**

**DATE : 18/06/2020**

**(Please quote this number for all further correspondence)**

Authorization is valid for admission up to 24/06/2020

M.S. RAMAIAH MEMORIAL HOSPITAL New Bel Road,MSR Nagar BANGALORE - 560054 Karnataka Rohini Id : 8900080330900	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE Name of TPA : Not Applicable Proposer Name : RAJKUMAR RATHINAVELU Patient's Member : JAYALAKSHMI RATHINAVELU ID/TPA/Insurer Id of the Patient : 6508394-1 Relation with Proposer : MOTHER
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Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 18/06/2020. We hereby authorize cashless facility as per details mentioned below:

Patient Name : JAYALAKSHMI RATHINAVELU	Age : 72YEARS	Gender : Female
	Expected Date of Admission : 18/06/2020	
Policy Number : P/700002/01/2020/042065	Expected Date of Discharge :	
Policy Period : 31-JAN-2020 - 30-JAN-2021	Estimated length of stay :	
Room Category : GENERAL WARD /ECONOMY Eligible Room Category as per T&C of Policy Contract :		
Provisional DM FOOT Diagnosis :	Proposed line of treatment : Surgical	

**Authorization Details:-**

Date & Time	Reference number	Amount	Status
18/06/2020 05:58	CLMG/2021/700002/0108941/001	15000.0	Approved (Pre Auth)

**Initial Approval Amount :- Rs. 15000( Indian Rupees Fifteen Thousand Only).**

IRDA Regn.No.129  
Corporate Identity Number U66010TN2005PLC056649  
Email ID : [info@starhealth.in](mailto:info@starhealth.in)

**Authorization Remarks :**

50% copay, Kindly revise the final bill as per package  
Please send us indoor case sheets, investigation reports, OT notes, post OP X-Ray images, implant invoices if applicable, discharge summary, final bill with break up and other related documents.

**Hospital Agreed Tariff:**

**I. Package Case :**

Agreed Package Rate -

**II. Non-Package Case :**

**Authorization Summary:**

Total Estimated Amount : Rs.80700  
Discount :  
Admissible Amount :  
Co-pay :  
Deductibles :  
Initial Authorized Amount : Rs.15000

**\*This is only the provisional amount, final amount will be worked out once the hospital submits the final bills with discharge summary and other related documents.**

We work on Sundays and Holidays all through the year. Discharges on Sundays or Holidays will be given effect to.

In case of any difficulty in discharge on Sunday or holidays, please get in touch with Mr. Ramesh Govindarajan (9382190735) and Mr. J.R. A Kumar (9382848122) who would do the needful.

If no response, please contact Dr. M.A. Azeez, Asst. Vice President - Claims (9884677670) or our Claims relations cell (1800 425 2255 - Toll Free).

If your Insurance Desk is not working on Sundays / Holidays, you may send the discharge request a day in advance.

**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, 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 reserves right to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your customer) 1 Photo ID Proof and 1 Address proof 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 amounts (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 (including 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 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.
6. 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.
7. Differential Costs borne by policyholders may be reimbursed by insurers subject to the terms and conditions of the policy.
8. The approved amount for cashless treatment has been arrived at as per eligible room rent inclusive of nursing charges of the insured patient in terms of policy conditions. If the insured has opted for a higher rent room category than the eligible rent room category, difference in room rent charge is to be borne by the insured.
9. If the hospital bill is subsequently estimated to be higher than the approved amount, a request letter for additional amount with due justification along with supporting documents has to be sent to us on our Toll Free Fax number for our further action.
10. Claim amount authorized is inclusive of Room Rent, Nursing, ICU, Investigation, Medicines, OT & Consumables & professional fees, namely Doctors, Surgeons, Anesthetists for the above treatment.
11. At the time of settlement of final bill, please submit all the investigation/diagnosis reports along with the relevant documents. In the absence of any investigation / diagnosis reports, appropriate deductions will be made from the approved amount.
12. If the claim is found to be not admissible due to discrepancies in the details provided by the hospital in the Pre-Authorization request form and discharge summary and other documents, the company is not liable to make any payment and the amount approved will be withdrawn and your bill will not be settled.
13. Hospitalization expenses for treatment of the following conditions / diseases are not payable by the company:- Convalescence, General debility, Run down condition, Congenital External Disease, Infertility, Intentional self injury, STD & Use of Alcohol / intoxication drugs etc.
14. Expenses not payable by the company :
  - a) Registration charges/ Documentation/ Maintenance/ Service.
  - b) Telephone / Fax / Barber / Toiletries / TV / Laundry.
  - c) Food and Beverages for the relatives / attendants.
  - d) Dental Treatment if not due to accident/ requiring hospitalization.
  - e) External implants, supports accessories such as Crutches, Spectacles etc.
  - f) Shaving blade / Razor sets.
  - g) Attendant Pass.
  - h) Antiseptic creams.
  - i) Cosmetic treatment for eye / teeth including their Accessories.
  - j) Water purifiers and energy Drinks like Glucose C/D and Glycerin.
  - k) Nutritional supplements like Vitamins, Pro-biotic, Hepotic tonics (Udiliv, Llv52, Heparmerzete) & digestive (Aristozymeetc).

#### **GST DETAILS**

Please remit GST if any against this authorization, on our GSTIN 27AAJCS4517L1ZY for the State / Union Territory of Maharashtra. Please quote our GSTIN in the Claim Bill that is being submitted to us

with the Tax Breakup.

**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.
6. Pre-Auth Request Form and Copy of our Authorization letter.
7. Documents collected from the insured-patient , If any.
8. X-RAY / CT / MRI film - Originals or scanned copies.
9. AR / MLC / Self declaration in case of Accidental injury.
10. Details of amount if any collected from the insured and the copy of the receipt issued to the insured for the same.
11. KYC Details - Copy of ID Proof and Address proof.

**Name of the Product - Senior Citizens Red Carpet - Revised 2019 and UIN No. SHAHLIP19101V031819:-  
Important Policy terms & Conditions (sublimits/co-pay/deductible etc)**

**Co-pay terms**

**Sub limit terms**

**Deductible terms**

**SH020573**

**18-06-2020 05:58 PM**

**Authorized signatory :**

**Address : SRI BALAJI COMPLEX,15,WHITES ROAD,CHENNAI 600014**

**Note:** Please hand over a copy of this letter to the Insured-Patient

**CC To,**

RAJKUMAR RATHINAVELU

6116, Prestige Royale Gardens,

Dodaballapur Road, Avalahalli

Bangalore

Pincode : 560064

Bangalore

Karnataka

9164753973

JAYALAKSHMI RATHINAVELU

Dear Customer,

We wish to inform you that based upon the details provided by the hospital, we have approved an amount of Rs. 15000/- towards the expenses for the treatment of the above insured-patient, as detailed above in the letter addressed to the hospital giving the details of approval.

We have also requested the hospital to hand over a copy of our approval letter to you.

**In case you are not satisfied with the above decision, you may represent to our Grievance Department at the following address:**

**Grievance Redressal Officer,  
Corporate Grievance Department,  
Star Health And Allied Insurance Co. Ltd.,  
No.1,New Tank Street,  
Valluvar Kottam High road, Chennai 600034.  
Contact number : 044-2824 3925  
Mail ID:- [grievances@starhealth.in](mailto:grievances@starhealth.in)**

**Thereafter if you wish to pursue the matter further, you may represent to the Office of the Insurance Ombudsman whose address is given below:**

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054  
Tel : 022 - 26106552 / 26106960  
Fax : 022 - 26106052  
[bimalokpal.mumbai@ecoi.co.in](mailto:bimalokpal.mumbai@ecoi.co.in)

**Thanking you,**

**Yours faithfully,**

**SH020573**

**18-06-2020 05:58 PM**

**Authorized Signatory.**

<b>SM Code / Name : SO700002 / 700002 SO CODE</b>
<b>Intermediary Code / Name : OL0000000001 / DIRECT</b>

**COPY TO : Online Business**

**STAR HEALTH AND ALLIED INSURANCE CO.LTD.**

**349 Business Point, Unit No.204 / 205,2nd Floor, Near Sai Service,,Western Express  
Highway,,Andheri (E), Mumbai -400069**