Anmol Medicare Ahmedabad

3, 2nd floor, NBCC House, Opp. Ahmedabad Stock Exchange, Nr. Sahjanand College, Ambawadi, Ahmedabad – 380015.
Phones: +91-79-40009926, 40009999 Fax: 079-40009990
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Authorization Letter for treatment and guarantee of payment

To,

Claim No :
Card No :

Name of Beneficiary / Patient	:	
Policy No	:	
ICD 10 Code	:	
Disease	:	
Referring Medical Consultant	:	
Guarantee of payment up to Rs.	:	the necessary treatment cost.

Hospital To Please Note:

Important Note: CLAIM FORM AND MAIN HOSPITAL BILL SHOULD BE SIGNED BY PATIENT/INSURED.

The Hospital must collect the excess amount (over the authorization amount) directly from the beneficiary at the time of admission prior to Discharge from the Hospital, as per Hospital Rules and Regulations.
Expense for the following account may please be recovered by the concerned member

Registration Fee, Admission Fee, Surcharges, Service Tax, Ambulance Charges, Telephone Expenses, Attendant's stay, Washing Charges, Private Nurses, Food, Nursery Charges, Misc. expenditure and other expenditure which are not related to the illness / hospitalization like: Food Supplements like Bournvita, Horlicks etc.

Toiletries like soaps, shampoos, oil etc., Perfumed antiseptic creams, Cosmetic treatment for eyes/teeth including their accessories, Water Purifiers & Energy Drinks like Glucose C/D and Glycerin.

A copy of the Authorization Letter has to be sent along with the bills for settlement of claims.

The Change in the admissibility of the claim due to discrepancies in the information provided by the hospital in the Pre Authorization form and Discharge Summary would be the liability of the hospital.

This authorization letter is valid for admission between _____ and _____.

Billing:

Hospital bill summary along with final bill **must be signed by patient** showing details of units of each service.

Discharge summary / card and reports of all investigations (Original) and Signed Claim Form

Please make sure to send all the papers to us within 15 days of the discharge date to avoid any delay in reimbursement of the cashless.

Authorized Signatory
Cashless Department
Date

Note: Please quote the above File Number for your all further correspondence with respect to this claim.