

Claim Number: 110202477440-1

Policy Number:  
4016/Y/185245933/06/000

Claim Requested Date: 17-MAY-26

Claim Approved Date: 17-MAY-26

UHID: IL17707805600

Rohini ID: 8900080459900

**CASHLESS CLAIM APPROVED!**

Vinita Hospital

70, Josier Street, Tirumurthy Nagar, Nungambakkam  
Chennai, Tamil Nadu-600034  
Tel: Mob:

Dear NARAYANAN R,

Your cashless claim request: 110202477440-1 is approved. We hereby authorize and guarantee payment of Rs. 98627 i.e. Rupees NINETY-EIGHT THOUSAND SIX HUNDRED TWENTY-SEVEN.

Please note, this authorization is valid for 15 days from the date of claim approval or the proposed date of hospital admission (provided the date of admission remains unchanged), whichever comes first.

**Snapshot of your Claim:**

<b>Policy Name</b>	STANDARD CHARTERED GLOBAL BUSINESS SERVICES PVT LTD	<b>Policy Period</b>	01-NOV-25 To 31- OCT-26
<b>Name of the Patient</b>	NARAYANAN R	<b>Number of Insured</b>	2
<b>Gender</b>	MALE	<b>Age</b>	35
<b>Proposer Name</b>		<b>Relation with Proposer</b>	SELF
<b>Patient IP No</b>	26b003952	<b>Estimated length of stay</b>	
<b>Date of Admission</b>	16-MAY-26	<b>Date of Discharge</b>	17-MAY-26

<b>BSI</b>	548495	<b>UIN</b>	
<b>Provisional Diagnosis</b>	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	<b>Proposed line of treatment</b>	MEDICAL
<b>Requested Room Type</b>	Single Room Non AC	<b>Class of Accommodation</b>	Private Single Room
<b>Total Bill Amount</b>	Rs. 104603	<b>Total Amount of Claims Settled (Only Paid Claim)</b>	Rs. 102878
<b>Number of claims settled till date</b>	1	<b>Renewal Due Date</b>	01-NOV-26
<b>Accrued / Additional Sum Insured</b>	Rs.	<b>Renewal Payment Frequency</b>	30 Days
<b>Grace Period (Applicable for Renewal)</b>	SINGLE	<b>Sum Insured</b>	Rs. 750000

**Approval Table**

<b>Event</b>	<b>Date &amp; Time</b>	<b>Status</b>	<b>Final Requested Amount</b>	<b>Final Amount Sanctioned</b>
Initial Approved	14-MAY-26 03:19:05 PM	Approved	Rs. 104603	Rs. 98627
Enhancement	17-MAY-2026 10:41:39 AM	Approved		
Final Approved Amount		Approved		

<b>Amount to be paid by Insured at discharge</b>	Rs. 821
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**Deductions:**

<b>Policy related Deductions:</b>	
<b>Co-Pay</b>	Rs. 0

<b>Deductible</b>	Rs. 0
<b>BSI Exhaustion</b>	Rs. 0
<b>Sub Limit</b>	Rs. 0
<b>Proportionate as per Eligible Room</b>	Rs. 0
<b>Non-Medical Expenses* (Please refer Annexure for details)</b>	Rs. 821
<b>Others</b>	
<b>Remarks (deductions will be calculated at the time of final settlement)</b>	
<b>Network related Deductions (Not to be collected from Insured)</b>	
<b>Hospital Tariff Deductions</b>	Rs. 0
<b>Discounts (Shall be applied at the time of Final Authorization)</b>	Rs. 5155

<b>Bill Details</b>
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Bill Type	Claim Amount	Sanctioned Amount	Disallowed Amount	Disallowed Reason	Amount	Remarks
Consultation Visit Charges	8800	8360	440	Discount Amount	440	
Equipment charges	100	95	5	Discount Amount	5	
Investigation Charges	3564	3385.8	178.2	Discount Amount	178.2	
Medicines Pharmacy Charges	86739	82381.05	4357.95	Non Medical Expenses Discount Amount	21 4336.95	Kindly refer non-medical expenses guidelines
Miscellaneous Charges	1500	700	800	Non Medical Expenses	800	Kindly refer non-medical expenses guidelines
Room Charges	3900	3705	195	Discount Amount	195	
<b>Total</b>	<b>104603</b>	<b>98627</b>	<b>5976</b>			

<b>Hospital Agreed Tariff</b>
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- Package Case: NA
- Non-Package Case:

Hospital Agreed Tariff Non Package Case-Rent/day						
Room Rent	ICU Rent	Nursing Charges	Consultant Visit Charges	Super Specialist Charges	Surgeon Fee/OT/ Anaestheist	Others
Rs. 0	Rs. 0	Included in Room Rent	Rs. 0	Rs. 0	Rs. 0	Rs. 0

Annexure of Non-Medical Expenses:			
Bill No	Bill Date	Particulars	Amount (In Rs)
No Bills		Medical Record Charge	800
No Bills		SYRINGE 5ML SYRINGE SHINRAI NIPRO GLOVES LATEX POWDERED	21
TOTAL			821

Annexure for MOU Deductions:			
Bill Type	Requested Amount (In Rs)	MOU Amount (In Rs)	MOU Deduction (In Rs)
Medicines Pharmacy Charges	86739	86739	0
Equipment charges	100	100	0
Room Charges	3900	3900	0
Consultation Visit Charges	8800	8800	0
Investigation Charges	3564	3564	0
Miscellaneous Charges	1500	1500	0
TOTAL	104603	104603	0

<b>Remarks:</b>	Rs.821 /- Deducted as Non medical expenses (to be borne by patient)
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### Guidelines for Approved Claim Request

- This Claim Approval is valid within 15 days from the Date of Admission mentioned or expiry /cancellation of the Insurance policy whichever is earlier.
- This Claim Approval becomes null and void if the patient is discharged before the date of this letter issuance.
- Copayment Amount must be collected from Insured.
- Claim Processing / Settlement will be as per agreed rates in MOU/Tariff.

For any further queries or concerns, please contact us on 1800 2666 or email us at [cashlessrequest@icicilombard.com](mailto:cashlessrequest@icicilombard.com)

Thank you for choosing ICICI Lombard as your preferred service provider.

Warm Regards,

Team ICICI Lombard

**FOR HOSPITAL USE ONLY**

**MANDATORY 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 notes 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. Medical Implant Invoice

**Important Instructions to Hospitals:**

If the hospital bill is estimated to be higher than the guarantee of payment, a request letter for additional amount needs to be sent to ILGIC 2) If no further guarantee is available, the hospital must collect the excess amount directly from the beneficiary at the time of admission/ prior to discharge from the hospital, as per hospital rules and regulations 3) Please collect the hospital bill summary with final bill with details of units of each service (authenticated by patients signature). 4) Please collect the discharge summary and reports of all investigations (original). 5) Please collect an undertaking from the insured / patient for submitting his/her documents to ILGIC Ltd in original. 6) Charges for the following miscellaneous services and related allied services must be collected directly from the patient. I) Registration / admission charges ii) Ambulance charges (unless authorized) iii) Attendant/ visitor pass charges. iv) Special nursing charges not authorized by the attending doctor v) Service charges not forming a part of the bed charges in general ward, maintenance charges, surcharges vi) Charges for extra bed for attendant etc. vii) Bed retaining charges viii) Charges for TV, Laundry etc. ix) Telephone/Fax charges x) Food and Beverages for attendants and visitors. xi) Toiletries etc. xii) Purchase of medicines not related to the treatment xiii) Stationery, Xerox or certifying charges.

**Following Details are mandatory for Claim Settlement**

<b>Date of discharge</b>	<b>Final Bill Amount</b>	<b>Amount Paid by Patient</b>
17-MAY-26	Rs. 98627	Rs. 821

\_\_\_\_\_  
Signature of the Patient/Relative

\_\_\_\_\_  
Hospital Stamp & Signature

All payments to Hospitals are subject to deduction of tax at source as per prevailing rate unless lower/nil TDS certificate had been provided to the payer, under section 194J as per Circular No 8/2009. Dated 24-11-2009 from Income Tax Dept

**Terms and Conditions of Authorization:**

Cashless Authorization letter issued based on 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 or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.

1. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim pay out above Rs. 1 lakh.
2. 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)
3. 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)
4. 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 or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU
5. 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
6. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

**\*\*\*This is an electronically generated document it requires no seal / stamp\*\*\***

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