



## ERICSON INSURANCE TPA PVT. LTD.

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### Letter of credit

**Credit Letter to the Hospital for the Treatment and Guarantee of Payment Valid for Admission Before / / 2013.**

To,  
Yadgire Super speciality Hospital  
Vijay Colony, Congress Nagar  
Road Amravati

**Date:**  
**CR. No:**

**Organisation Name: Individual /Company name**

We are in receipt of the Admission / Pre Authorization request note with the following information:

Name of the patient:	UHID No:
Age:	Gender:
Room Board Category under :	For(Ailment):
We hereby authorize and guarantee for Payment up to (in figures) Rs. <b>14092.00/-</b> (In Words) <b>Fourteen thousand ninty two only</b>	
The Probable Date of Admission is / /	

#### **Approval subjected to below conditions:**

**Covered for active surgical mgmt requiring hospitalisation. Room Rent inclusive nursing charge limit restricted to Rs.1000/- for Normal & Rs.1500/- for ICU & nursing charge. If member opts higher room category then other charges shall be proportionately capped. Note unrelated investigations & Rx not payable. Admission for only diagnostic evaluation and only oral medication not payable. Surcharge/service charge is not payable. Limit enhanced 61492/- from 35000/- on 12/1/2013.**

#### **Hospital Alert**

- 1) 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 us. 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.
- 2) Ericson Insurance TPA will not be liable for payment to the Hospital in the event of the facts presented by the Hospital / insured during the preauthorization are found to be incorrect/revised.
- 3) The Claim settlement would be as per the Tariff & Discounts contracted in the Network agreement.
- 4) **Please ensure to collect the Charges pertaining to non payable items as mentioned in the MOU.**

#### **For Billing:**

**Please send the following Documents within 7 days from the discharge of patient.**

- 1) Enclose Photo ID card copy of the patient. 2) Credit request note 3) Approval copy.
- 4) Original Hospital bill summary with final bill showing details of units of each service (Authenticated by the patients signature.)
- 5) Discharge summary and reports of all Investigations (Original), prescription of Medicines.
- 6) The Above payment is subject to applicable TDS. 7) Enclose a copy of receipt given to patient for the amount paid by him.
- 8) Claim form of **United India Insurance Co. Ltd**

#### **Authorised by**

Date: / / time: AM/PM

#### **.Please Note: Hospitalization for Treatment of the following conditions is not payable:**

convalescence, General Debility, 'Run Down' condition, Congenital External Disease, Sterility ,Infertility , STD, Intentional self Injury & Use of Alcohol/Intoxicated Drugs, Maternity expenses covered for first two children wherever maternity is payable. Admission only for investigation & Evaluation.

#### **Undertaking by the patient**

I authorize the hospital/provider to submit the attested Indoor Case Papers (Case Sheet) & any other documents/information related to my treatment to Ericson Insurance TPA If ask for.

The hospital selection was solely done on my preference.

Signature of the Patient/Insured

Disclaimer: The cashless accesses in Ericson Insurance TPA network of Hospitals is merely a facility extended by your health coverage payer. Ericson Insurance TPA /Payer does not guarantee of the availability, quality & outcome of the treatment.