

Letter of consent from Hospital (Non-Network) to extend cashless

LETTER OF CONSENT

Ref No: -

Date: -

Hospital Name:

Hospital Address

ROHINI ID:

Sub: Letter of Consent for extending Cashless to the beneficiaries of INDUSIND GENERAL INSURANCE CO. LTD. (IGICL).

INDUSIND GENERAL INSURANCE CO. LTD (hereinafter referred to as "IGICL") has agreed to enter into a business arrangement with Health Care Provider name for providing cashless to beneficiaries of IGICL's Health Policies. This letter contemplates that both the company and **Provider agrees** to abide by the terms as mentioned below:

1. The Hospital undertakes to provide the service in a precise, reliable, and professional manner to the satisfaction of IGICL and in accordance with additional instructions issued by **IGICL**.
2. The Hospital shall allow IGICL to conduct audits of their systems policies, process as and when deemed necessary by "IGICL". Such audits shall be conducted by IGICL audit team or any independent third party appointed by IGICL with prior intimation to the Hospital for all cases those directly relate to the services under this agreement.
3. The Hospital shall allow IGICL to conduct audits of the bills as and when necessary, by deemed **IGICL**. Such audits shall be conducted by **IGICL's** audit team without prior intimation to the Hospital.
4. Hospital will submit all the documents within 15 days from the date of the discharge of the patient/Insured Beneficiary and **IGICL** will make payment of eligible bills within 30 days from the date of receipt of such submission. However, if required, IGICL can call for further document related to treatment to process the case, in which case the payment may be delayed beyond 30days as contemplated herein (Depending on the query response received from the Hospital).
5. The Hospital also hereby indemnify and keep IGICL Indemnified for its breach of any representations and warranties, or for its not obtaining license or registration under local, state or National Laws, and also registered with such agency/authority as prescribed IRIDAI, from time to time, as may be applicable and also for the doctors who treat the Members in Hospital are not duly qualified holding required Degree/qualifications from the authority competent to issue such Degree/qualifications or for any inadequate or deficiency of services/Health Check-up services, or for breach of confidentiality or for acts, commissions and omissions of the Hospital, its employees, Doctors, Nurses or other staff/persons who are involved in the process of providing the Cashless Medical Treatment or health care services to the Members/Beneficiaries or for acts, commissions and omissions of Hospital, its staff, employees, doctors, agents etc., or for breach of this Agreement, resulting in any claims damages, actions, proceedings suits [including the advocate fees incurred by our company, if any etc.,] against **IGICL**. For all these obligations

IndusInd General Insurance Company Limited
(Formerly Reliance General Insurance Company Limited)

Registered & Corporate Office: 6th Floor, Oberoi Commerz - 1, International Business Park, Oberoi Garden City, Goregaon (E), Mumbai-400063, Maharashtra, India

Tel: +91 22 4173 2000 | Fax: +91 22 4173 2158 | Website: www.indusindinsurance.com

Corporate Identification Number (CIN) U66603MH2000PLC128300
An ISO 9001:2015 Certified Company

and indemnities, the Hospital shall also be liable to the Members who suffer due to various aspects mentioned in this clause”.

6. All payments shall be made through direct electronic fund transfer subject to deduction of tax at source as applicable under the relevant laws.

7. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as may be authorized in writing by IGICL. IGICL shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital’s proprietary information, process flows, and other required details.

All the claim documents shall be dispatched at the following address of Insurance Company Address: **Health Care, IndusInd General Insurance Co. Ltd., No. 1-89/3/B/40 to 42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.**

This letter is being entered into to confirm the understanding of principal terms and our willingness to provide Cashless services in mutual good faith.

_____ Health Care Provider name to provide the documents as listed below along with this Letter of Consent for the payment of case.

- a. Original cancelled cheque
- b. Duly filled and signed EFT Mandate form.
- c. Contact detail sheet
- d. EFT terms & condition sheet
- e. Payee name confirmation letter
- f. PAN card photocopy

In case you are agreeable to the foregoing terms, please sign this Letter of Consent.

For IndusInd General Insurance Co. Ltd.

For “Provider Name”

Authorized Signatory

Name:

Designation:

Authorized Signatory

Name:

Designation:

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