

# Anmol Medicare Ahmedabad

3, 2<sup>nd</sup> floor, NBCC House, Opp. Ahmedabad Stock Exchange, Nr. Sahjanand College,  
Ambawadi, Ahmedabad – 380015.

Phones: +91-79-40009926, 40009999 Fax: 079-40009990  
E-Mail: cashless@anmolmedicare.com

## Further Authorization Letter for treatment and guarantee of payment

Claim No :  
Card No :  
Patient Name :  
Policy No :

Dear Sir / Madam:

### **Hospital To Please Note:**

In continuation of our authorization for Cashless of \_\_\_\_\_ for Rs. \_\_\_\_\_  
[Rupees \_\_\_\_\_ only] we additionally authorize an amount of Rs. \_\_\_\_\_  
[Rupees \_\_\_\_\_ only] Total amount comes to Rs. \_\_\_\_\_

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. Other terms and conditions unaltered.**

Please send the following documents, quoting our reference, to the following address:

1. Bill signed by the member before discharge.
2. Claim form
3. All Investigation reports.
4. Discharge Summary in Original. signed by the claimant.

Authorized Signatory

Cashless Department  
Date

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