

Letter of Consent

Dated:

To,

Claims Team,
Galaxy Health Insurance Co. Ltd.
Prestige Polygon, 12th Top floor P,
471 Anna Sala, Nandanam,
Chennai 600035.

Dear Sir / Madam,

SUB: Letter of Consent for extending Cashless to the beneficiaries of the Company

With reference to the above, we request the cashless facility from Galaxy Health Insurance Co. Ltd. for the patient named below.

Patient Details:

Policy No. _____

Member ID _____

Patient Name _____

Date of Admission _____

Hospital Details Hospital Name:

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Address:

.....

..... Rohini ID:

.....

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Contact Details

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1. The Hospital will provide services professionally and reliably as per the Company's instructions.
2. The Hospital will allow audits of their systems and policies by the Company and to audit bills without prior notice.
3. The Hospital will provide all required documents within 7 days from the discharge date of the patient/Insured Beneficiary. The Company will then process and pay the eligible bills within 15 days of receiving these documents. However, if additional documents related to the treatment are needed, the Company may request them, potentially delaying payment beyond 30 days, depending on the Hospital's response.
4. The Hospital indemnifies the Company for any breach, inadequate service, or staff qualifications issues.
5. Both parties will maintain confidentiality of all business-related information and protect each other's data.
6. All payments will be made via direct electronic fund transfer, with tax deducted of tax at source as applicable under the relevant laws
 - 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
 - g) GST registration number

We hereby commit to providing any necessary documents and information required for the empanelment of our hospital to facilitate the cashless facility for the above-mentioned case(s) with Galaxy Health Insurance Company. This letter serves to confirm our

understanding of the principal terms and our mutual willingness to offer cashless services in good faith.

Authorized Signatory
Hospital Seal

Name and Designation