

LETTER OF CONSENT

Ref No: -

Date: -

Hospital Name:

ROHINI CODE :

Hospital Address:

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

“United India Insurance Company Limited” (hereinafter referred to as “the Company”) has agreed to enter into a business arrangement with <<**Provider Name**>> (hereinafter referred to as “the Provider” or “the Hospital”) for providing cashless to beneficiaries of the United India Insurance Health Policy. This letter contemplates that both the Company and the **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 the Company and in accordance with additional instructions issued by the Company.
2. The Hospital shall allow the Company to conduct audits of their systems policies, process as and when deemed necessary by the Company. Such audits shall be conducted by the Company audit team or any independent third party appointed by the Company with prior intimation to the Hospital for all cases those directly relate to the services under this agreement.
3. The Hospital shall allow the Company to conduct audits of the bills as and when necessary, deemed by the Company. Such audits shall be conducted by the Company 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 the Company will make payment of eligible bills within 30 days from the date of receipt of such submission. However, if required, the Company or the Third Party Administrator (TPA) acting on behalf of the company, can call for further documents related to treatment to process the case, in which case the payment may be delayed beyond 30 days as contemplated herein (depending on the query response received from the Hospital).
5. The Hospital also hereby indemnify and keep the Company 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 by IRDAI, 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 Checkup 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 healthcare 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 the Company. For all these obligations 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 the Company. The Company 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.
8. All claim documents shall be dispatched to the TPA servicing the claim on behalf of the Company

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

<<Provider Name>> to provide the documents as listed below along with this Letter of Consent for the payment of claims

- 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 photo copy

For TPA (On behalf of United India Insurance Company Limited)

For "<<Provider Name>>"

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation: