

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

LETTER OF CONSENT

Ref No: -

Date: -

Hospital Name:

Hospital Address:

Sub: Letter of Consent for extending Cashless to the beneficiaries of "Liberty General Insurance Limited"

"Liberty General Insurance Limited" (hereinafter referred to as "the company") has agreed to enter into a business arrangement with _____ **(Name of provider)** for providing cashless to beneficiaries of the Company Health Policy. 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 services 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, by deemed the Company. Such audits shall be conducted by the Company audit team without prior intimation to the Hospital. Hospital shall provide such documents as may be required by the Insurance Company for the purpose of performing necessary due diligence including compliance with Anti-Corruption laws. Hospital shall comply with all applicable laws including Health Insurance Regulations issued by IRDAI from time to time.
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 can call for further documents related to treatment to process the payment, 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 IRIDAI, from time to time, as may be applicable and also for the doctors who treat the Members in the 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 the 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 maybe 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 the claim documents shall be dispatched at the following address of Insurance

Company Address: Liberty Health 360, Liberty General Insurance, The Capitol, Vishal Nagar,
New DP Road, Pune 411027

This letter is being entered into to confirm the understanding of principal terms and our willingness to provide Cashless services in mutual good faith and shall remain in force unless revoked/ terminated by insurance company in writing or if any proceedings are initiated against hospital by any authority or hospital has shut down its operations.

_____ **(Name of Provider)** to provide the documents as listed below along with this Letter of Consent for the payment of case

- a. Copy cancelled cheque
- b. PAN card photocopy
- c. Rohini certificate
- d. Hospital reg certificate
- e. Current schedule of charges
- f. Discount letter
- g. Hospital information sheet
- h. Consent data transfer
- i. Entity document – Anti Corruption questionnaire

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

For Liberty General Insurance Limited

For "Provider Name"

Authorized Signatory

Name: Dr AMOL SAWAI

Designation: HEAD OF DEPARTMENT

Authorized Signatory

Designation: