

CONSENT & AUTHORIZATION LETTER

This consent is being taken in order to expedite the claim adjudication process by the Insurer/ TPA	
Date:	
To,	
The Medical Superintendent / Insurance department Name of Hospital:	
I Mr/Ms ₋ DOA	was under treatment at your esteemed hospital from to DOD under IP No
authorized	onsent & authorize ManipalCigna Health Insurance Company Limited / Authorized TPA and their agencies, to seek necessary medical information / documents from the Hospital / Diagnostic Center/ Medical Practitioner and obtain below mentioned documents
 Discha Previo Treatin Tariff of Final b Investi 	
We look fo	ward to your prompt action and kind co-operation.
	on of this consent is of free and voluntary act, without any duress, coercion or undue influence exerted half of ManipalCigna Health Insurance Company Limited
Yours Since	rely
Signature o	f Insured/ Proposer