

## 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: - \_\_\_\_\_

Address: - \_\_\_\_\_

\_\_\_\_\_

I Mr/Ms \_\_\_\_\_ was under treatment at your esteemed hospital from  
DOA \_\_\_\_\_ to DOD \_\_\_\_\_ under IP No \_\_\_\_\_

I hereby consent & authorize ManipalCigna Health Insurance Company Limited / Authorized TPA and their  
authorized agencies, to seek necessary medical information / documents from the Hospital / Diagnostic Center/  
Chemist / Medical Practitioner and obtain below mentioned documents

1. Indoor case papers
2. Discharge Summary
3. Previous & Follow-Up Consultation Notes
4. Treating doctor's statement
5. Tariff card
6. Final bill
7. Investigation reports
8. Any other information, if required

We look forward to your prompt action and kind co-operation.

The execution of this consent is of free and voluntary act, without any duress, coercion or undue influence exerted  
by or on behalf of ManipalCigna Health Insurance Company Limited

Yours Sincerely

Signature of Insured/ Proposer