ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited)
Corporate Office: 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai - 400063.
IRDAI Registration No. 151. **Call** (Toll Free): 1800-102-4462
Visit: www.manipalcigna.com **E-mail:** servicesupport@manipalcigna.com

ManipalCigna Health Insurance

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