



Date: \_\_\_\_\_

To

(Name & Address of the Hospital)

\_\_\_\_\_

Dear Sirs,

**Re: Authorisation to M/s Medi Assist India TPA Private Limited**

I wish to inform you that I have undergone treatment for \_\_\_\_\_  
ailment from (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_ in  
your hospital as an inpatient bearing Hospital Inpatient No: \_\_\_\_\_

I hereby **authorise M/s Medi Assist India TPA Private Ltd**, who are my TPA for servicing the Health Insurance Policy I have, to seek any medical information/ records from your Hospital or from the Medical Practitioners who have attended on me in connection with the above ailment.

I have no objection to your furnishing any such information/ records sought by them.

Kindly oblige.

Thanking you,

Yours faithfully,

(SIGNATURE OF THE PATIENT)

Address of the Insured:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_