



DISBURSAL INSTRUCTION

This Disbursal Instruction (agreement) is executed by -----

(Policy Holder) having PAN No.-----Residing at -----

In Favour of Medfocus and Insurance Partner(s) in continuation with Insurance Agreement.

NOW THROUGH THIS DEED IT IS HEREBY AGREED AND DECLARED AS FOLLOWS:

- I. Policy holder had availed healthcare services/product from V CARE MEDISCON HOSPITAL
- II. Policy holder has applied for medical claim in the his/her payment requirement and the register on Medfocus platform are disbursing the claim amount of INR-----
- III. Policy holder authorises and instructs the policy holder and/or Money to deposit/disburse the claim amount directly to the following Bank Account

Account No	50200064604446
IFSC Code	HDFC0001751
Account Holder Name	Medfocus Healthcare Private Limited
- IV. Policy holder shall be liable to repay the amount in accordance with the repayment schedule given by the Policy holder hereby gives the policy holder an absolute and irrevocable authority to debit disbursed Claim amount from his/her Bank Account.
- V. In the case of an medical claim for a period based on Mediclaim policy, the insurer person agrees and acknowledges that he/she shall be responsible for the repayment of the complete claim amount within the due date even if the claim is denied or patially.
- VI. Policy holder has received every kind of information/ clarification/ explanation whatever he/she has requested regarding the process and terms & conditions.
- VII. Policy holder shall not deny, or dispute the right to recover the disbursed claim amount on the basis that the amount has been deposited/disbursed to the Insurance company service main policy holder bank account.



SERVICE CONTRAC /CONSENT FORM

I have requested Medfocus to undertake reimbursement claim preparation for self/family member Patient Name(). For this purpose, I give Consent to Medfocus to access and use my/patient's medical case records, associated information, contact details and patient's and policy-holder's identifiers which are mandatory for claim submission .I understand and agree:

- i. That, Medfocus is engaged in the business of providing assistance to customers for preparation and submission of health insurance Claim documents on behalf of the customer.
- ii. That, the approval of my claim is the sole discretion of my insurance provider and I will not hold Medfocus responsible in the event my claim is rejection by insurance provider. Medfocus is not liable to refund the service fee in case of rejection of my reimbursement claim.
- iii. That, it is the sole right of the insurance provider to decide the approval amount based on my policy terms and conditions.
- iv. That, the service fee is non-refundable. However , if I cancel the service before the claim documents are submitted, Medfocus will return all the documents I shared with them.
- v. Medical insurance information, including Insurance Cards, Photo ID proof (government issued photo ID- such as Aadhar card / Passport / Pan card / Driver's license etc.,) and other documentation required by your insurer.

Insurer or patient should familiarize themselves with the terms of their insurance coverage. This will help you to understand, which services are covered and what your responsibilities are, if any. The medfocus is responsible for submitting the claim documents request / query documents to your insurance company for reimbursement process. You may receive a bill from the Hospital for any deductible / Co pay / non medicals expenses as indicated on the explanation of benefits received from your insurance company depending on subject to terms and conditions.

I have understood clearly the policies and protocols of the company and I agree abide by them.

Main Policy Holder / Patient Name:

Signature:

Guardian Name in case of Minor / Relative Name:

Relationship with Patient:

Contact No: