



Star Health and Allied Insurance Co. Ltd.

IRDA Regn.No.129

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600034.

Phone: 044 – 28288800 Telefax: 044 – 28260062 Website: www.starhealth.in

CORPORATE CLAIMS DEPARTMENT: # No 15,1st& 2nd Floor, Sri Balaji Complex Whites Lane, Whites Road, Royapettah Chennai - 600014. Phone 044 2888 6495.

CLAIM No : _____

PATIENT ADMISSION NO / IP NO / MRD NO: _____

To: (Name of the Hospital & Address)

Dear Sirs,

Re: AUTHORISATION TO STAR HEALTH AND ALLIED INSURANCE CO. LTD.,

I have undergone treatment for _____

from ____/____/____ to ____/____/____ in your Hospital.

I hereby authorize **M/s. Star Health and Allied Insurance Company Ltd.** and its representatives, who is my Health Insurer to seek any medical information/records from you or from the Medical Practitioners who have attended on me in connection with the above ailment and the treatment given. In case they seek any such information/records/indoor case papers, kindly oblige.

Thanking you,

Yours faithfully,

(Signature of the Claimant)

Address of the Insured:

DATE: _____

PLACE: _____