

To,

Date.....

The Medical Superintendent

.....  
.....

**Sub: Authorisation letter for collection and verification of Medical Documents**

Dear Sir/Madam,

This is to bring to your kind notice that myself / my father/mother/Wife/Son/Daughter  
.....was admitted in your hospital on  
(DOA) ..... and Discharged on (DOD)..... for the  
treatment of .....

I have applied for the reimbursement of the hospitalization expenses to my Insurance co. / TPA.  
To process the same, insurance company may require to scrutinize the medical documents and take  
copies of relevent documents( ICP) in this regards.

I have no objection if any representative of insurance company or TPA verify or take the  
necessary copies of ICP as per their requirment.

Look forward to your kind co operation in this matter.

Thanking you,

Signature of the representative .....

Company Name and Seal:

Claim ID:

Insurer :

Yours Truly,

(.....)

**Signature of the Patient / Guardian**

Mobile No.....

Address: