

Dated:

To,

Networking Team,  
Corporate Health Claims Team  
IFFCO-TOKIO General Insurance Co. Ltd.  
Vth floor, Tower – 1, IFFCO Tower, Plot No. -3  
Sec.-29, Gurgaon-122001 (HARYANA)

Dear Sir / Madam,

**SUB: Consent Letter with IFFCO TOKIO GIC for availing cashless services**

With reference to the above, this is to request you that we wish to avail cashless facility from IFFCO-Tokio General Insurance Co. Ltd. for the following patient.

**Patient Details:**

Policy No. \_\_\_\_\_

Member ID \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Admission \_\_\_\_\_

**Hospital Details**

**Hospital Name:** .....

**Address:** .....

**Rohini ID:** .....

**Contact Details** .....

Presently we are empaneled with following TPAs/ Insurance companies.

- 1.
- 2.
- 3.

We hereby further undertake to provide all relevant document(s) / information as may be required for empanelment of our Hospital in respect to availing cashless facility for the above mentioned case(s) with IFFCO Tokio.

**Authorized Signatory  
Name and Designation**

**Hospital Seal:**