







हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
**HEALTH INSURANCE TPA OF INDIA LTD.**

Registered and corporate office :Health Insurance TPA of India Ltd.,2<sup>nd</sup> Floor, Majestic Omnia Building,  
A-110, Sector 4 Noida, Uttar Pradesh - 201301.

**CONSENT FORM**

From:

Patient's Name and address:

Policy no:

Hospital IPD no:

To:

Hospital Name:

Madam/Sir,

I hereby authorize TPA representatives/Investigator free and unlimited access to seek medical information (Indoor case papers, reports, documents, including photocopies thereof pertaining my admission / treatment) from any hospital / medical practitioner from which or whom I have at any time sought or shall seek medical attention concerning any disease/ sickness, ailment or injury, which affects my physical or mental health.

**Yours faithfully**

Signature of the Patient/Insured