PRE - AUTHORIZATION FORM

24 HOURS CALL CENTRE : (022) 22632727
REQUEST FOR CASHLESS HOSPITALISATION
(To be filled in block letters only)

Raksha TPA
TÜV CERT
ISO 9001:2000

Name of Patient : Age: Sex: Ph. No.

Policy No. ID No.

Presenting complaints on admission :

Duration of Ailment: **Previous H/O similar complaints:**

Relevant clinical findings:

Positive findings of investigation:

Details of treatment received:

Provisional Diagnosis:

Proposed line of treatment:

Medical Details : Oral I.V.

Surgical Type of Anaesthesia:

Investigation Evaluation:

First detection of symptoms:

Date of first diagnosis:

Ongoing medications:

Is it complication of past ailment or surgery:

IN CASE OF RTA :

FIR Y ☐ N ☐ Alcohol / Drug:

IN CASE Of MATERNITY

Obstetric history : G_A_L_ LMP : _____

Name of hospital :

Name of treating doctor :

Probable date of admission :

Estimated stay :

ESTIMATED HOSPITAL EXPENSES :

Room Rent (Per Day) Rs. _____

Medicines & Consumables Rs. _____

Surgical Expenses Rs. _____

Past History : If yes mention Duration

Hypertension	Y ☐	N ☐	Since
Diabetes Mellitus	Y ☐	N ☐	Since
Cardiac Ailments	Y ☐	N ☐	Since
Koch's/asthama	Y ☐	N ☐	Since
Cancer	Y ☐	N ☐	Since
H/O of related ailment	Y ☐	N ☐	Since

City Fax No.

Contact No. Reg. No.

Less Than 24 hours : Y ☐ N ☐

Class of Accomodation

Professional Charges Rs. _____

Investigation Charges Rs. _____

Total Expenses Rs. _____

HOSPITAL DECLARATION

1. We have no objection to any authorised official verifying documents pertaining to insured's hospitalisation.
2. All valid original documents countersigned by the insured to be dispatched to RAKSHA TPA's Mumbai office within 7 days of the patient's discharge.
3. All non-medical expenses and expenses not relevant to the hospitalisation or illness, which is not payable by RAKSHA TPA to be collected from the patient.
4. Raksha TPA will not be liable to make the payment in the event of any discrepancy between the facts presented at the time of submission of final documentaion and pre-authorization request.
5. The patient declaration has been signed by the patient or his representative in our presence.

_____ Hospital Seal

_____ Doctor's Signature

PATIENT'S DECLARATION

1. I agree to allow the hospital to submit all original documents pertaining to the hospitalisation to RAKSHA TPA after the discharge.
2. In case Raksha TPA is not liable to settle the hospital bill due to discrepancy in documentation; I take complete responsibility to settle the bill.
3. All non-medical expenses, expenses not relevant to the present hospitalisation amount, over & above the limit authorized by Raksha TPA will be paid by me.
4. I hereby declare to abide by the rules and regulations of the policy, and if at any time the facts disclosed by me are found to be false or incorrect, I forefeit my right to the claim.
5. I agree and understand that Raksha TPA is in no way warranting the services provided by the hospital will be of a particularly or standard.
6. I hereby warrant the truth of the foregoing particulars in every respect and I agree that if have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutly forefeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other medical scheme or insurance.

Patient's Signature _____

Patient's Name _____

Branch Office : **7 Kumpta Street, Ballard Estate, Mumbai - 400 001. Tel.: 22632452 - Fax. 22632450/22632451/22632453.**
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