

Preauthorization Form

Request For Cashless Hospitalisation For
Medical Insurance Policy

DETAILS OF THE THIRD PARTY ADMINISTRATOR

(To be filled in block letters)

a. Name of TPA/Insurance Company : Aditya Birla Insurance Company Limited

b. Toll free phone number 2 1 4 7 4 8 3 6 4 7

c. Toll free Fax 7 3 4 4 2 3 4

TO BE FILLED BY THE INSURED/PATIENT

a. Name of the Patient f r i e n d

b. Gender ☒ Male ☐ Female

c. Age 2 5 Years Months

d. Date of Birth

e. Contact Number

f. Contact number of attending relative

g. Insured Card ID number

h. Policy number / Name of corporate

i. Employee ID

j. Currently do you have any other Mediclaim/Health insurance ☒ Yes ☐ No

n. Contact number if any :

m. If other treatments provide details :

n. How did injury occur :