STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Corporate Office - Claims Dept. : No.15, Balaji Complex, Whites Lane, 1st Floor, Royapettah, Chennai - 600 014.
Toll free Phone No: 1800 425 2255 Toll free Fax No: 1800 425 5522
CIN : U66010TN2005PLC056649 Email:cashless.network@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE

POLICY PART – C (Revised)

(TO BE FILLED IN BLOCK LETTERS)

DETAILS OF THE THIRD PARTY ADMINISTRATOR/INSURER/HOSPITAL.:

a. Name of TPA/Insurance company : STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

b. Toll free phone number:

c. Toll free fax:

d. Name of Hospital: Srikara Hospitals Miyapur

i.Address: #222 & 223, Phase 2, Mythri Nagar, Madinaguda, Miyapur, Hyderabad,
ii.Rohini ID: 8900080337220
iii.e-mail id: srikara.miyapur@gmail.com

TO BE FILLED BY INSURED/PATIENT

A. Name of the Patient : P MAHA LAKSHMI

B. Gender: ☐ Male ☑ Female ☐ Third Gender

C. Age: 55 / 0 (Years) / (Month)

D. Date of Birth: (DD/MM/YYYY)

E. Contact number: 9966897058

F. Contact number of attending Relative:

G. Insured Card ID number: 13975620000016659

H. Policy number/Name of Corporate: P/900000/01/2023/000192

I. Employee ID :

J. Currently do you have any other mediclaim / health insurance: Yes ☐ No ☑

i.Company Name:
ii.Give Details:

K. Do you have a family Physician: Yes ☐ No ☑

L. Name of the family Physician:

M. Contact number, if any:

N. Current Address of Insured Patient: HYD

O . Occupation of Insured Patient:

(PLEASE COMPLETE DECLARATION OF THIS FORM)

TO BE FILLED BY TREATING DOCTOR/HOSPITAL

A. Name of the treating Doctor: DR AKHIL DADI

B. Contact number:: 9603096875

C. Nature of illness/Disease with presenting complaint : PATIENT CMAE WITH COMPLAINTS OF PAIN IN THE BOTH KNEE JOINTS SYMPTOMATICALLY STARTED SINCE 9 MONTHS - BUT AGGREVATED SINCE PAST 1 MONTH WITH H/O... SWELLING + TENDERNESS + ROM- PAINFULL CREPITUS +

D. Relevant Critical Findings:

E. Duration of the present ailment 270 Days

iv. Date of First consultation 09/12/2024 (DD/MM/Y'YYY)

v. Past history of present ailment, if an NIL
SEVERE OA BOTH KNEES (LEFT>RIGHT)

F. Provisional diagnosis:
ICD I0 code

G. Proposed line of treatment:

I.	Medical Management	( )
II.	Surgical Management	(✓)
III.	Intensive care	( )
IV.	Investigation	( )
V.	Non-allopathic treatment	( )

/

H. If investigation and/or Medical Management, provide details:

i. Route of Drug Administration SURGICAL MANAGEMENT
LEFT TOTAL KNEE REPLACEMENT SURGERY UNDER SA

I. If surgical, name of surgery:
i. ICD I0 PCS code

J. If other treatment, provide details:

K. How did injury occur:

L. In case of accident:

i. Is it RTA	Yes ☐	No ✓
ii. Date of injury	Yes ☐	No ☐
iii. Report to Police	Yes ☐	No ✓
iv. FIR NO	Yes ☐	No ☐
v. Injury/Disease caused due to substance		✓
vi. abuse/alcohol consumption	Yes ☐	No ☐
vii. Test conducted to establish this (if yes, attach report)	☐	No ✓

M. In case of Maternity:
I. expected date of Delivery (DD/MM/Y'YYY)