



REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY
(TO BE FILLED IN BLOCK LETTERS)

DETAILS OF THE THIRD PARTY ADMINISTRATOR/ INSURER/ HOSPITAL:

- a. Name of TPA/Insurance company: **PARAMOUNT HEALTH SERVICES & INSURANCE TPA PVT.LTD.**
(IRDA LICENCE No .006)

Cashless Request E-mail Id : **al.request@paramounttpa.com**

b. Toll free phone number : **1800-22-66 55**

c. Toll free fax: **022- 66444754 / 66444755 / 66444709**

d. Name of Hospital: **Sri Lakshmi Multispeciality Hospital**

i. Address: **Hitech city road , Madhapur , Hyderabad**

ii. Rohini ID: _____

iii. E-mail ID: **insurancedesk@srilakshmihospital.in**

TO BE FILLED BY INSURED/PATIENT

A. Name of the Patient: **Mr. Ramesh Kumar**

B. Gender: Male Female Third Gender

C. Age: **58 Years 0 Months**

D. Date of Birth: **12/08/1967 DD/MM/YYYY**

E. Contact number: **+91 9934517682**

F. Contact number of attending Relative: **+91 8731884593**

G. Insured Card ID number: **FHPL - TPA - CASHLESS - 778291**

H. Policy number/Name of Corporate: **POL - STAR - IND - 2025 - 009871 / Indhr. Flotter**

I. Employee ID: **NA (Self employed)**

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

i. Company Name: **NA**

ii. Give Details: **NA**

K. Do you have a family Physician: Yes No

L. Name of the Family Physician: **Dr Venkatesh Reddy**

M. Contact number , if any: **+91 9846295711**

N. Current Address of Insured Patient: **Flat 402, Sri Sai Residency, Hyderabad**

O. Occupation of Insured Patient: **Shop Owner**

(PLEASE COMPLETE DECLARATION OF THIS FORM)

TO BE FILLED BY TREATING DOCTOR / HOSPITAL

A: Name of the treating Doctor: Dr S. Harinath

B: Contact Number: +91 9751136824

C: Nature of Illness / Disease with presenting complaint: Diabetic Foot Infection

D: Relevant Critical Findings: Fever 101.4°F, necrotic ulcer over right toe

E: Duration of the present ailment: 10 Days
i. Date of First consultation: 14/02/2016 DD/MM/YYYY
ii. Past history of present ailment, if any Started as footwear blister

F: Provisional diagnosis: Gangrene, Sepsis, CKD Stage 3, Hypertension
i. ICD 10 code E11.52*/ A41.9 / N18.3

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 Sepsis workup, foot X-ray
i. Route of Drug Administration IV/SC/Oral

I: If surgical, name of surgery Urgent wound debridement + right toe amft.
i. ICD 10 PCS code

J: If other treatment, provide details Post-op wound care

K: How did injury occur Non-traumatic diabetic foot ulcer

L: In case of accident
i. Is it RTA: Yes No
ii. Date of Injury NA (DD/MM/YYYY)
iii. Report to Police Yes No
iv. FIR NO. NA
v. Injury / Disease caused due to substance abuse/alcohol consumption Yes No
vi. Test conducted to establish this (if yes, attach report) Yes No

M: In case of Maternity NA G P L A
i. Expected date of Delivery (DD/MM/YYYY)

DETAILS OF PATIENT ADMITTED

A. Date of admission	14/02/2026	(DD/MM/YYYY)
B. Time of admission	07:55	(HH:MM)
C. Is this an emergency / planned hospitalization event:	Emergency <input checked="" type="checkbox"/>	Planned <input type="checkbox"/>
D. Mandatory Past History of any chronic illness	If yes (Since month/year)	
i. Diabetes	Yes - since 2014 (12 years)	
ii. Heart disease	No known heart disease	
iii. Hypertension	Yes, since 2018	
iv. Hyperlipidemias	No	
v. Osteoarthritis	No	
vi. Asthma / COPD / Bronchitis	No	
vii. Cancer	No	
viii. Alcohol / Drug abuse	No	
ix. Any HIV/ or STD Related ailment	No	
x. Any other ailment, give details	CKD Stage 3	
E. Expected number of Days /stay in hospital	7 Days	
F. Days in ICU	0 Days	
G. Room Type	Single Private Room	
H. Per day room rent + nursing and service charges + patients diet	Rs 6,500	
I. Expected cost of investigation + diagnostic	Rs 18,000	
J. ICU charges	Rs 0	
K. OT charges	Rs 55,000	
L. Professional fees Surgeon + Anesthetist Fees + Consultation Charges	Rs 12,000	
M. Medicines + Consumables + Cost of Implants (if applicable please specify)	Rs 35,000	
N. Other hospital expenses if any	Rs 0	
O. All - inclusive package charges if any applicable	N/A	
P. Sum Total expected cost of hospitalization	Rs 1,65,000	

Provisional diagnosis

- 1) Diabetic foot infection with gangrenous changes (right foot)
- 2) Sepsis secondary to soft tissue infection (suspected)
- 3) Uncontrolled Type-2 Diabetes Mellitus with hyperglycemia.
- 4) CKD stage 3
- 5) Hypertension

Immediate Plan

- Admit under general surgery with Medicine co-management.
- Sepsis workup:
 - CBC
 - CRP

- Procalcitonin
 - Blood cultures
 - Renal function tests
 - Electrolytes
 - Lactate
-
- Wound swab / pus culture & sensitivity
 - foot x-Ray & arterial/venous doppler
 - IV fluids; strict input output charting
 - Start empiric IV broad-spectrum antibiotics after cultures.
 - Insulin infusion / sliding scale as per RBS profile
 - Urgent surgical evaluation for debridement ± amputation depending on tissue viability.



14th Feb 2026