



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@sri-lakshmi-hospital.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 / Indus. Flator**

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. Harimuth

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 ampt.

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 ☒ Planned ☐
- D. Mandatory Past History of any chronic illness If yes (Since month/year)
- | | |
|-------------------------------------|------------------------------------|
| i. Diabetes | <u>Yes - since 2014 (12 years)</u> |
| ii. Heart disease | <u>No known heart disease</u> |
| iii. Hypertension | <u>Yes, since 2018</u> |
| iv. Hyperlipidemias | <u>No</u> |
| v. Osteoarthritis | <u>No</u> |
| vi. Asthma / COPD / Bronchitis | <u>No</u> |
| vii. Cancer | <u>No</u> |
| viii. Alcohol / Drug abuse | <u>No</u> |
| ix. Any HIV/ or STD Related ailment | <u>No</u> |
| x. Any other ailment, give details | <u>CKD Stage 3</u> |
- 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 NA
- 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.

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14th Feb 2026