UCAF 2.0

154 / 11, Bannerghatta Road Opp. I.I.M Bengaluru - 560 076

Date: 21-06-2019

To be completed & ID Verified by the reception/nurse:

Provider Name:

Insurance Company Name: TPA Company Name:

Patient File Number: Dept:

Single ( ) Married ( ) Plan Type ( )

New Visit ( ) Follow Up ( ) Refill ( ) Walk In ( ) Referal ( )

Print/Fill in clear letters or Emboss Card:

To be completed by the Attending Physician: Please Tick (✔)

Inpatient ( ) Outpatient ( ) Emergency Case (✔) Emergency Care Level 1( ) | 2( ) | 3( )

BP: / Pulse: bpm Temp: °C Weight: Kg Height: cm RR: Duration Of Illness: (days)

Chief Complaint and Main Symptoms:

Significant Signs:

Other Conditions:

Diagnosis:

Principal Code: 2nd Code: 3rd Code: 4th Code:

Please tick (✔) where appropriate

Chronic ( ) Congenital ( ) RTA ( ) Work Related ( ) Vaccination ( ) Check-Up ( )

Psychiatric ( ) Infertility ( ) Pregnancy ( ) Indicate LMP ( )

Suggestive line (s) of management: Kindly, enumerate the recommended investigation, and / orprocedures For outpatient approval only:

Code	Description/Service	Type	Quantity	Cost

Provider's Approval/Coding Staff must review/code the recommended service(s) and allocate cost and complete the following:

Completed/Coded By ..... Signature ..... Date .....

Medication Name (Generic Name)	Type	Quantity

Is Case Management From (CMFI.0) Included Yes ( ) | No ( )

Please Specify Possible line of Management When Applicable:

Estimated Length of Stay: **Days** Expected Date of Admission:

I hereby certify that ALL information mentioned are correct and that the medical services shown on this form were medically indicated and necessary for the management of this case.

Signature and Stamp

I hereby certify that all statements and information provided concerning patient Identification and the present illness or injury are TRUE.

Name and Relationship(if Guardian) Signature :

For Insurance Company Use Only: Approved: ( ) Not Approved: ( ) Approval No: Approval validity: Days

Comments (include approved days/services if different from the requested):

Approved/Disapproved By: Signature: ..... Date