

PRE-AUTHORIZATION REQUEST

PART A: TO BE FILLED BY PATIENT/INSURED

1. PATIENT DETAILS

Patient Name: Ramesh Patel

Gender: Male

Age: 62 Years

Date of Birth: 15/04/1963

Contact Number: 9876456789

Address: 89, Jayanagar, Bangalore - 560041

TPA Card ID: STAR/KA/246810

Policy Number: STAR/FHO/2024/987654

Policy Start Date: 01/08/2024

PART B: TO BE FILLED BY TREATING DOCTOR/HOSPITAL

2. TREATING DOCTOR INFORMATION

Doctor Name: Dr. Vikram Singh

Contact Number: 9845234567

Qualification: MBBS, MS (Orthopaedics)

Registration Number: KMC/23456/2012

3. ILLNESS/DISEASE DETAILS

Nature of Illness/Disease with Presenting Complaint: Patient has knee pain and difficulty walking.

Duration of Present Ailment: Long standing

Date of First Consultation: 25/09/2025

Provisional Diagnosis: Osteoarthritis Left Knee

ICD-10 Code: M17.1

4. RELEVANT CLINICAL FINDINGS

Relevant Critical Findings: Patient complains of knee pain. X-ray shows degenerative changes.

Past History of Present Ailment: Patient has had knee pain for a while.

5. PAST MEDICAL HISTORY (Mandatory)

Please mention if patient has history of any chronic illness and specify duration: Diabetes, Hypertension

6. INVESTIGATIONS AND TREATMENT DETAILS

Investigations/Diagnostic Tests Done:

1. X-ray Knee: Degenerative changes seen
2. Blood tests: Done

Medical Management (If Any): Patient took some painkillers.**Proposed Line of Treatment:** Surgical Management**7. SURGICAL DETAILS (If Applicable)****Name of Surgery/Procedure:** Left Total Knee Replacement**ICD-10 PCS Code:** 0SRC0JZ**Route of Drug Management:** Intravenous + Oral**Other Treatment Details:** TKR with premium imported implant planned.**8. ACCIDENT DETAILS (If Applicable)****In Case of Accident:** Not Applicable**9. MATERNITY DETAILS (If Applicable)****In Case of Maternity:** Not Applicable**10. HOSPITALIZATION DETAILS****Is this an Emergency/Planned Hospitalization:** Planned**Date of Admission:** 10/10/2025**Time of Admission:** 08:00 AM**Expected Number of Days/Stay in Hospital:** 5 Days**Days in ICU (if required):** 0 Days**Room Type Required:** Deluxe Private AC**11. ESTIMATED COST BREAKDOWN (in ₹)**

Item	Amount (₹)
Room Rent + Nursing & Service Charges + Patient's Diet	45000
Expected Cost of Investigation + Diagnostic	15000
ICU Charges	0
OT Charges	80000
Professional Fees (Surgeon + Anesthetist + Consultation Charges)	120000
Medicines + Consumables + Cost of Implants	170000

Other Hospital Expenses (If Any)	20000
-Inclusive Package Charges (If Applicable)	0
SUM-TOTAL EXPECTED COST OF HOSPITALIZATION	450000

12. DECLARATION BY TREATING DOCTOR

I confirm that:

- The information provided above is true and correct to the best of my knowledge
- The proposed treatment is medically necessary
- I have reviewed all relevant medical records
- All documents will be provided as per requirements

Doctor's Name: Dr. Vikram Singh

Doctor's Signature: (Signed)

Hospital Seal (Including Hospital ID): (Hospital Seal Here)

Date: 28/09/2025

13. DECLARATION BY PATIENT/INSURED

I declare that:

- a. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after discharge
- b. Payment to the hospital is governed by the terms and conditions of the policy. In case the insurer/TPA is not liable to settle the hospital bill, I undertake to settle the bill
- c. All non-medical expenses and expenses not relevant to current hospitalization and the amount over & above the limit authorized by the Insurer/TPA will be paid by me
- d. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect, I forfeit my claim
- e. I authorize Insurance Company/TPA to contact me through mobile/email for any update on this claim

Patient/Insured Name: Ramesh Patel

Contact Number: 9876456789

Email ID (Optional):

Patient's Signature: (Signed)

Date: 05/10/2025

Time: 02:35 AM

