PRE-AUTHORIZATION REQUEST

PART A: TO BE FILLED BY PATIENT/INSURED

1. PATIENT DETAILS

Patient Name: Priya Sharma

Gender: Female

Age: 42 Years

Date of Birth: 18/05/1983

Contact Number: 9845123456

Address: 67, Indiranagar, Bangalore - 560038

TPA Card ID: HDFC/KA/987654

Policy Number: HDFC/OPT/2022/123456

Policy Start Date: 01/01/2022

PART B: TO BE FILLED BY TREATING DOCTOR/HOSPITAL

2. TREATING DOCTOR INFORMATION

Doctor Name: Dr. Rajesh Malhotra

Contact Number: 9876234567

Qualification: MBBS, MS (General Surgery), FMAS

Registration Number: KMC/45678/2008

3. ILLNESS/DISEASE DETAILS

Nature of Illness/Disease with Presenting Complaint: Patient has gallstones and needs surgery. She experiences abdominal pain and discomfort.

Duration of Present Ailment: Several months

Date of First Consultation: 20/09/2025

Provisional Diagnosis: Symptomatic Cholelithiasis

ICD-10 Code: K80.2

4. RELEVANT CLINICAL FINDINGS

Relevant Critical Findings: USG Abdomen shows multiple gallstones. Patient has pain in right upper abdomen. Lab tests show normal liver function.

Past History of Present Ailment: Patient has been experiencing symptoms for some time.

5. PAST MEDICAL HISTORY (Mandatory)

Please mention if patient has history of any chronic illness and specify duration: None

6. INVESTIGATIONS AND TREATMENT DETAILS

Investigations/Diagnostic Tests Done:

1. USG Abdomen: Shows gallstones
2. Liver Function Tests: Normal
3. Complete Blood Count: Normal

Medical Management (If Any): Patient was given pain medications but symptoms persist.

Proposed Line of Treatment: Surgical Management

7. SURGICAL DETAILS (If Applicable)

Name of Surgery/Procedure: Laparoscopic Cholecystectomy

ICD-10 PCS Code: 0FT44ZZ

Route of Drug Management: Intravenous + Oral

Other Treatment Details: Standard 4-port laparoscopic cholecystectomy 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: 09:00 AM

Expected Number of Days/Stay in Hospital: 3 Days

Days in ICU (if required): 0 Days

Room Type Required: Single Private AC

11. ESTIMATED COST BREAKDOWN (in ₹)

Item	Amount (₹)
Room Rent + Nursing & Service Charges + Patient's Diet	18000
Expected Cost of Investigation + Diagnostic	6000
ICU Charges	0
OT Charges	25000
Professional Fees (Surgeon + Anesthetist + Consultation Charges)	35000

Medicines + Consumables + Cost of Implants	15000
Other Hospital Expenses (If Any)	11000
-Inclusive Package Charges (If Applicable)	0
SUM-TOTAL EXPECTED COST OF HOSPITALIZATION	**110000**

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. Rajesh Malhotra

Doctor's Signature: (Signed)

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

Date: 25/09/2025

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: Priya Sharma

Contact Number: 9845123456

Patient's Signature: (Signed)

Date: 05/10/2025 **Time:** 02:20 AM