

PRE-AUTHORIZATION REQUEST

PART A: TO BE FILLED BY PATIENT/INSURED

1. PATIENT DETAILS

Patient Name: Ramesh Kumar

Gender: Male

Age: 28 Years

Date of Birth: 15/03/1997

Contact Number: 9876543210

Address: 45, MG Road, Bangalore - 560001

TPA Card ID: STAR/KA/123456

Policy Number: STAR/COMP/2024/789012

Policy Start Date: 01/09/2024

PART B: TO BE FILLED BY TREATING DOCTOR/HOSPITAL

2. TREATING DOCTOR INFORMATION

Doctor Name: Dr. Suresh Patel

Contact Number: 9845678901

Qualification: MBBS, MS (General Surgery)

Registration Number: KMC/12345/2010

3. ILLNESS/DISEASE DETAILS

Nature of Illness/Disease with Presenting Complaint: Patient presented to emergency department with acute onset severe abdominal pain in right lower quadrant for past 12 hours. Pain started periumbilically and migrated to right iliac fossa. Associated with nausea, vomiting (3 episodes), and fever (101°F). Pain aggravated by movement and coughing. Patient has rebound tenderness, guarding on palpation.

Duration of Present Ailment: 12 Hours (Emergency)

Date of First Consultation: 09/10/2025

Provisional Diagnosis: Acute Appendicitis with Perforation

ICD-10 Code: K35.32

4. RELEVANT CLINICAL FINDINGS

Relevant Critical Findings: Physical Examination: Temperature 101.2°F, Pulse 110/min, BP 120/80 mmHg. Abdomen: Tenderness and guarding in right iliac fossa, positive McBurney's point tenderness, positive Rovsing's sign. Rebound tenderness present. USG Abdomen (09/10/2025): Dilated appendix (9mm diameter) with surrounding fluid collection suggestive of perforation and localized peritonitis. Blood Investigations: TLC 18,500/cumm (elevated), Neutrophils 85%.

Past History of Present Ailment: No previous episodes of similar pain. Patient was well until 12 hours ago when symptoms began acutely.

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 (09/10/2025): Perforated appendicitis with localized peritonitis, appendix diameter 9mm with free fluid
2. Complete Blood Count (09/10/2025): TLC 18,500/cumm, Neutrophils 85%, CRP elevated 45 mg/L
3. Serum Electrolytes, Renal Function Tests: Within normal limits
4. Blood Sugar Random: 110 mg/dL

Medical Management (If Any): Patient started on IV antibiotics (Inj. Ceftriaxone 1g BD + Inj. Metronidazole 500mg TDS). IV fluid resuscitation initiated. Pain management with IV analgesics. NPO status maintained. Emergency laparoscopic appendectomy planned within 6 hours of presentation.

Proposed Line of Treatment: Surgical Management

7. SURGICAL DETAILS (If Applicable)

Name of Surgery/Procedure: Emergency Laparoscopic Appendectomy

ICD-10 PCS Code: 0DTJ4ZZ

Route of Drug Management: Intravenous + Oral

Other Treatment Details: Standard 3-port laparoscopic technique. Post-operative IV antibiotics for 48 hours, then convert to oral. Early mobilization planned.

8. ACCIDENT DETAILS (If Applicable)

In Case of Accident: Not Applicable (Medical Emergency)

9. MATERNITY DETAILS (If Applicable)

In Case of Maternity: Not Applicable

10. HOSPITALIZATION DETAILS

Is this an Emergency/Planned Hospitalization: Emergency

Date of Admission: 10/10/2025

Time of Admission: 02:30 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	16000
Expected Cost of Investigation + Diagnostic	8000
ICU Charges	0
OT Charges	18000
Professional Fees (Surgeon + Anesthetist + Consultation Charges)	30000
Medicines + Consumables + Cost of Implants	10000
Other Hospital Expenses (If Any)	3000
-Inclusive Package Charges (If Applicable)	0
SUM-TOTAL EXPECTED COST OF HOSPITALIZATION	85000

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. Suresh Patel

Doctor's Signature: (Signed)

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

Date: 09/10/2025

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 Kumar

Contact Number: 9876543210

Email ID (Optional):

Patient's Signature: (Signed)

Date: 10/10/2025

Time: 03:00 AM