

PRE-AUTHORIZATION REQUEST

PART A: TO BE FILLED BY PATIENT/INSURED

1. PATIENT DETAILS

Patient Name: Sudha Rao

Gender: Female

Age: 65 Years

Date of Birth: 22/08/1960

Contact Number: 9845678901

Address: 45, Koramangala, Bangalore - 560034

TPA Card ID: STAR/KA/135790

Policy Number: STAR/COMP/2021/567890

Policy Start Date: 01/01/2021

PART B: TO BE FILLED BY TREATING DOCTOR/HOSPITAL

2. TREATING DOCTOR INFORMATION

Doctor Name: Dr. Arvind Kumar

Contact Number: 9876345678

Qualification: MBBS, MS (Orthopaedics), DNB, Fellowship in Joint Replacement

Registration Number: KMC/34567/2006

3. ILLNESS/DISEASE DETAILS

Nature of Illness/Disease with Presenting Complaint: Patient presents with severe osteoarthritis of the left knee causing significant pain and functional limitation. She reports difficulty walking more than 50 meters without rest, inability to climb stairs without support, and severe pain limiting daily activities such as getting up from a chair and squatting. Pain score is 8/10 on VAS scale at rest, increasing to 9-10/10 on movement.

Duration of Present Ailment: 5 Years (Progressive deterioration over last 2 years)

Date of First Consultation: 10/08/2025

Provisional Diagnosis: Severe Osteoarthritis Left Knee (Kellgren-Lawrence Grade IV)

ICD-10 Code: M17.1

4. RELEVANT CLINICAL FINDINGS

Relevant Critical Findings: Physical Examination: Gait antalgic, walks with walking stick support. Range of Motion limited - Flexion 90 degrees (normal 135), Extension lag 5 degrees. Crepitus present on movement. Tenderness over medial joint line. X-ray Left Knee AP and Lateral (05/08/2025): Shows Grade IV Kellgren-Lawrence Osteoarthritis with complete loss of joint space

in medial compartment, subchondral sclerosis, large osteophytes, and varus deformity of 8 degrees. Blood Investigations: ESR 22 mm/hr, CRP normal, Rheumatoid Factor negative.

Past History of Present Ailment: Patient has been experiencing progressive knee pain for 5 years. Initially managed with NSAIDs and physiotherapy for 1 year with minimal relief. Conservative management including weight reduction, activity modification, and medications no longer providing adequate pain relief.

5. PAST MEDICAL HISTORY (Mandatory)

Please mention if patient has history of any chronic illness and specify duration: Type 2 Diabetes Mellitus on oral hypoglycemics for 8 years (well controlled, HbA1c 6.5%). Hypertension on Tab. Telmisartan 40mg OD for 6 years (well controlled).

6. INVESTIGATIONS AND TREATMENT DETAILS

Investigations/Diagnostic Tests Done:

1. X-ray Left Knee AP & Lateral (05/08/2025): Grade IV Kellgren-Lawrence OA, complete joint space loss medially, osteophytes, 8-degree varus
2. Complete Blood Count (15/08/2025): Hb 12.5 g/dL, TLC 7800/cumm, normal
3. ESR (15/08/2025): 22 mm/hr
4. CRP (15/08/2025): Normal
5. Rheumatoid Factor (15/08/2025): Negative
6. Blood Sugar Fasting (15/08/2025): 118 mg/dL
7. HbA1c (15/08/2025): 6.5%
8. Renal Function Tests (15/08/2025): Normal
9. ECG (15/08/2025): Normal sinus rhythm
10. 2D Echo (18/08/2025): Normal LV function, EF 60%

Medical Management (If Any): Conservative management trial for 1 year including: NSAIDs (Tab. Diclofenac 50mg BD), physiotherapy sessions, weight reduction program, activity modification, intra-articular hyaluronic acid injection (6 months ago) - all provided inadequate relief. Surgical intervention is now medically necessary.

Proposed Line of Treatment: Surgical Management - Left Total Knee Replacement

7. SURGICAL DETAILS (If Applicable)

Name of Surgery/Procedure: Left Total Knee Replacement (Cemented)

ICD-10 PCS Code: 0SRC0JZ

Route of Drug Management: Intravenous + Oral

Other Treatment Details: Standard cemented TKR with posterior stabilized prosthesis. Spinal anesthesia. Post-operative physiotherapy protocol for early mobilization.

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: 07:00 AM

Expected Number of Days/Stay in Hospital: 5 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	30000
Expected Cost of Investigation + Diagnostic	12000
ICU Charges	0
OT Charges	60000
Professional Fees (Surgeon + Anesthetist + Consultation Charges)	85000
Medicines + Consumables + Cost of Implants	75000
Other Hospital Expenses (If Any)	13000
-Inclusive Package Charges (If Applicable)	0
SUM-TOTAL EXPECTED COST OF HOSPITALIZATION	275000

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. Arvind Kumar

Doctor's Signature: (Signed)

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

Date: 20/08/2025

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: Sudha Rao

Contact Number: 9845678901

Email ID (Optional):

Patient's Signature: (Signed)

Date: 05/10/2025

Time: 02:40 AM