

PRE-AUTHORIZATION REQUEST

PART A: TO BE FILLED BY PATIENT/INSURED

1. PATIENT DETAILS

Patient Name: Lakshmi Devi

Gender: Female

Age: 68 Years

Date of Birth: 12/02/1957

Contact Number: 9876512345

Address: 23, Residency Road, Bangalore - 560025

TPA Card ID: STAR/KA/654321

Policy Number: STAR/COMP/2021/456789

Policy Start Date: 01/06/2021

PART B: TO BE FILLED BY TREATING DOCTOR/HOSPITAL

2. TREATING DOCTOR INFORMATION

Doctor Name: Dr. Anil Kumar

Contact Number: 9845612345

Qualification: MBBS, MS (Ophthalmology), DNB

Registration Number: KMC/67890/2005

3. ILLNESS/DISEASE DETAILS

Nature of Illness/Disease with Presenting Complaint: Patient presents with progressive bilateral vision loss over the past 2 years, more pronounced in the right eye. She reports difficulty reading newspapers even with spectacles, cannot recognize faces clearly at a distance of 2-3 meters, experiences unsafe night driving due to glare from oncoming vehicles, and has trouble managing daily medications independently due to poor vision. She reports significant impact on quality of life and independence in daily activities.

Duration of Present Ailment: 2 Years (Progressive)

Date of First Consultation: 15/09/2025

Provisional Diagnosis: Bilateral Senile Cataract (Immature), Right Eye > Left Eye

ICD-10 Code: H25.9

4. RELEVANT CLINICAL FINDINGS

Relevant Critical Findings: Visual Acuity Assessment: Right Eye: 6/36 (cannot improve with pinhole), Left Eye: 6/60 (cannot improve with pinhole). Slit Lamp Examination: Right eye shows Grade III nuclear sclerosis with cortical spoke opacities. Left eye shows Grade II nuclear sclerosis. A-scan Biometry: Axial length 23.45mm (Right), IOL Power Calculation: +21.5D for emmetropia.

Dilated Fundus Examination: Optic disc and macula appear normal in both eyes, no diabetic or hypertensive retinopathy. Intraocular Pressure: 14 mmHg (Right), 15 mmHg (Left) - within normal limits. Blood Investigations: HbA1c 5.8% (non-diabetic), Blood Sugar Fasting 98 mg/dL, ECG: Normal sinus rhythm.

Past History of Present Ailment: Patient noticed gradual dimming of vision over 2 years. Initially managed with stronger reading glasses but vision continued to deteriorate. Conservative management no longer effective.

5. PAST MEDICAL HISTORY (Mandatory)

Please mention if patient has history of any chronic illness and specify duration: Controlled hypertension on Tab. Amlodipine 5mg OD for 5 years. No diabetes. No previous eye surgeries.

6. INVESTIGATIONS AND TREATMENT DETAILS

Investigations/Diagnostic Tests Done:

1. Visual Acuity Testing (15/09/2025): Right 6/36, Left 6/60
2. Slit Lamp Biomicroscopy (15/09/2025): Grade III nuclear sclerosis with cortical opacities (Right), Grade II nuclear sclerosis (Left)
3. A-scan Biometry (18/09/2025): Axial length 23.45mm, IOL power +21.5D calculated
4. Dilated Fundus Examination (15/09/2025): Normal posterior segment, no retinopathy
5. IOP Measurement (15/09/2025): 14 mmHg Right, 15 mmHg Left
6. Blood Sugar Fasting (20/09/2025): 98 mg/dL
7. HbA1c (20/09/2025): 5.8%
8. ECG (20/09/2025): Normal sinus rhythm

Medical Management (If Any): Conservative management attempted with updated spectacle prescription but vision cannot be improved beyond 6/36. Surgical intervention is medically necessary as cataract density precludes optical correction.

Proposed Line of Treatment: Surgical Management - Right Eye Phacoemulsification with IOL Implantation

7. SURGICAL DETAILS (If Applicable)

Name of Surgery/Procedure: Right Eye Phacoemulsification with Posterior Chamber IOL Implantation

ICD-10 PCS Code: 08DJ3ZZ

Route of Drug Management: Topical + Oral

Other Treatment Details: Standard phacoemulsification technique under peribulbar anesthesia. Foldable hydrophobic acrylic IOL (+21.5D) implantation. Day care procedure. Post-operative topical antibiotics and steroids for 4 weeks.

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: 1 Day (Day Care)

Days in ICU (if required): 0 Days

Room Type Required: Day Care Bed

11. ESTIMATED COST BREAKDOWN (in ₹)

Item	Amount (₹)
Room Rent + Nursing & Service Charges + Patient's Diet	3500
Expected Cost of Investigation + Diagnostic	4500
ICU Charges	0
OT Charges	15000
Professional Fees (Surgeon + Anesthetist + Consultation Charges)	20000
Medicines + Consumables + Cost of Implants	7000
Other Hospital Expenses (If Any)	2000
-Inclusive Package Charges (If Applicable)	0
SUM-TOTAL EXPECTED COST OF HOSPITALIZATION	52000

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. Anil Kumar
- **Doctor's Signature:** (Signed)

- **Hospital Seal (Including Hospital ID):** (Hospital Seal Here)
- **Date:** 20/09/2025

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:** Lakshmi Devi
- **Contact Number:** 9876512345
- **Email ID (Optional):**
- **Patient's Signature:** (Signed)
- **Date:** 05/10/2025
- **Time:** 12:45 AM