



BAJAJ Allianz
Bajaj Allianz General Insurance Co. Ltd.
ANNEXURE B

Hospital Code: BAGICL 162 Pre-Authorization for Cashless Facility

BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.

Ground floor Ashoka Plaza
32/2 Nagar Road, Wadgaon Sheri
Pune - 411014

Phone: 1800 102 5858 (Toll Free) / (020) - 26500203 / 232 / 30512229 / 232 (STD) Fax: (020) - 30512224 / 226 / 227

Email: health@bajajallianz.co.in

Beneficiary Name:

I.D. Card No:

Policy No:

Age/Sex:

Expected Date of Admission: :

Expected Length of Stay:

days

Name of Treating Doctor:

Registration No:

Name of Hospital:

City::

State:

Details of Signs and Symptoms related to the present ailment:

Duration of Ailment:

Provisional Diagnosis:

PLEASE STATE IF THERE IS PAST HISTORY OF THE FOLLOWING AND DURATION:

Disease/Ailment	Past History	Duration /other details
Hypertension/Cardiovascular diseases	(Yes/No)	
Diabetes	(Yes/No)	
Asthma	(Yes/No)	
Any surgery/hospitalization	(Yes/No)	
Any other disease/disability	(Yes/No)	
Obstetric History / Past Ob / Gy Surgery	Status: G _____ P _____ A _____ L _____ LMP _____	
Was the illness or injury due to the use of alcohol or intoxicating drugs	(Yes/No)	
self injury	(Yes/No)	

Medications if any during this hospitalization:

Relevant Clinical Findings:

Investigations Report (if any):

Proposed Line of Treatment:

Details of treatment received:

Estimate of Expenses: Total Amount - Rs:

Class of accommodation:

Expense Head	Amount (Rs)	Expense Head	Amount (Rs)
ROOM RENT		INVESTIGATIONS	
DOCTOR/CONSULTANT VISIT CHARGES		MEDICINES/CONSUMABLES	
SURGEON CHARGES		EQUIPMENT/MONITOR ETC	
OPERATION THEATRE CHARGES		MISCELLANEOUS (SPECIFY)	

I have completed this form and will be responsible for correctness of the medical information certified by me.

Signature of Doctor:

Contact No:

Stamp/Seal of Hospital:

BENEFICIARY CONSENT/AUTHORISATION

I have 'No Objection' to Bajaj Allianz obtaining details of my treatment / collecting documents and also hereby authorize bajaj allianz to pay the hospital bill & reimburse itself / receive the amount from my claim receivable from the insurance company. In case Bajaj Allianz issues "Denial of cashless facility" note to provider, I have 'No objection' in paying the hospital bill for the treatment given.

SIGNATURE OF INSURED:

NAME OF INSURED:

Contact No. Of Insured: