

# alankit HEALTH CARE LTD.

Regd. Office: 205-208, Anarkali Complex, Jhandewalan Extn. New Delhi – 110055  
 Corp. Office: Alankit House, 2E/21 Jhandewalan Extn., New Delhi – 110055  
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## PRE-HOSPITALIZATION FORM

1. Alankit Card No: Insurer's Name: Policy No:  
 Sum Assured Cum. Bonus Previous Coverage Details Fresh / Renewal  
 Name of the Insured: Contact No. Office: Residence Mobile  
 Relationship with Patient(Self/Spouse/Son/Daughter/Parents/Others)  
 Name of the Patient: Age: Sex: Contact No:  
 Name of the Family Doctor: Contact No:  
 Any claim in past(If yes, Provide Particulars of same)

### 2. Hospital Particulars:

Name & Address of the Hospital: Regn. No: IPDNo.  
 Name of the Contact Person of Hospital: Designation: Contact No./Mobile  
 Individual/Corporate/Group: Employee Code Contact No.

Presenting Complaints	Duration	Please attach Doctor's Ist Prescription details of Inves. & Treatment

Past History Relevant to the Presenting Complaints:

### 3. Other Associated illness:

Disease	Yes / No	Duration	Disease	Yes / No	Duration	Disease	Yes / No	Duration
DM			Arthritis – Osteo / Rheumatoid			Alcohol intake		
HT			Carcinoma			Similar Ailment		
IHD/CAD			Cataract / Glaucoma			Any surgery in Past		
COPD/TB/Asthma			Blood Transfusion / HIV / Related Disease			Any Other Ailment		

In maternity Claim:- Obst. History	Any abnormality noticed	No. Of Live Children:
LMP EDD	Mode of Delivery – Normal	LSCS with Indications

In Case of accident:- MLC No.	Non MLC	Influence of alcohol:	Yes/No
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Relevant Positive Clinical Findings:

Relevant Positive Investigation reports:

Date & Time of hospitalization: Expected duration Room No:

Indication for Admission: Estimated Expenses

Diagnosis: Provisional / Final Plan of Treatment: Conservative/Surgical

4. Non-Package					Package	
Room Rent & Nursing Care	Investigation	Consultation	Surgical Procedure Charges (Total)	Medicines	Package	Cost of implant

Please Note: All the above columns should be completely filled. No Slashes Allowed. Inadequate information would lead to delay in our response. Progress Reports required if stay is beyond 3 days regular. If there is any Discrepancy in Pre-authorization & Discharge Summary, our Pre-authorization would automatically stand Cancelled & we are not liable to any payment.

If cashless facility is not allowed hospital has to inform AHCI in writing AHCI would update my Sum Insured

Identity of the patient verified

Seal & Regn. No. Contact No's: Name & signature of Consultant  
 alongwith

### DECLARATION

I solemnly declare that the information provide by me and my consultant is true to the best of my knowledge. In case my claim is rejected, I hereby undertake to pay the Hospital / Alankit Health Care Ltd (AHCL) the expenses, they have paid for my hospitalization. I hereby authorize the hospital to release my medical record to AHCI for the purpose of verification/authorization/settlement of my claim.

Dated: At: Name & signature of the patient/claimant