



PRE-AUTHORIZATION FORM
24 HOURS CALL CENTRE : (022) 22632727
REQUEST FOR CASHLESS HOSPITALISATION
(To be filled in block letters only)



Name of Patient:		Age:	Sex:	Ph.No.
Policy No:		ID No:		
Presenting Complaints on admission :				
Duration of Ailment:		Previous H/O Similar Complaints:		
Relevant Clinical Findings:				
Positive Findings of investigation:				
Details of Treatment Received:				
Provisional Diagnosis:				
Proposed line of treatment:				
Medical Details:		Oral	I.V.	
Surgical:		Type of Anaesthesia:		
Investigation:		Evaluation:		
First detection of symptoms		Past History: If yes mention Duration		
Date of first diagnosis:		Hypertension:	Y/N	Since
Ongoing medications:		Diabetes Mellitus :	Y/N	Since
Is it complication of past ailment or surgery:		Cardiac Ailments:	Y/N	Since
IN CASE OF RTA: FIR Y/N Alcohol/Drug:		Koch's/asthma:	Y/N	Since
		Cancer:	Y/N	Since
IN CASE OF MATERNITY Obstetric history: G_A_L_ LMP:		H/O of related ailment:	Y/N	Since
Name of hospital:		City	FAX No.	
Name of treating doctor:		Contact No.	Reg. No.	
Probable date of admission:		Less Than 24 hours Y/N		
Estimated Stay:		Class of Accommodation		
ESTIMATED HOSPITAL EXPENSES:				
Room Rent(Per Day)	Rs	Professional Charges	Rs	
Medicines & Consumables	Rs	Investigation Charges	Rs	
Surgical Expenses	Rs	Total Expenses	Rs	
HOSPITAL DECLARATION 1. we have no objection to any authorised official verifying documents pertaining to insured's hospitalisation. 2. All valid original documents countersigned by the insured to be dispatched to RAKSHA TPA'S Mumbai office within 7 days of the patient's discharge. 3. All non-medical expenses not relevant to the hospitalisation or illness, which is not payable by RAKSHA TPA to be collected from the patient. 4. Raksha TPA will not be liable to make the payment in the event of any discrepancy between the facts presented at the time of submission of final documentation and pre-authorization request. 5. The patient declaration has been signed by the patient or his representative in our presence.		PATIENT'S DECLARATION 1. I agree to allow the hospital to submit all original documents pertaining to the hospitalisation to RAKSHA TPA after the discharge. 2. In case of Raksha TPA is not liable to settle the hospital bill due to discrepancy in documentation, I take complete responsibility to settle the bill. 3. All non-medical expenses not relevant to the present hospitalisation amount, over & above the limit authorized by Raksha TPA will be paid by me. 4. I hereby declare to abide by rules and regulations of the policy, and if at any time the facts disclosed by me are found to be false or incorrect, I forfeit my right to the claim. 5. I agree and understand that Raksha TPA is no way warranting the services provided by the hospital will be of a particularity or standard. 6. I hereby warrant the truth of the foregoing particulars in every respect and I agree that if have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other medical scheme or Insurance.		
Hospital Seal		Docotr's Signature		
		Patient's Signature Patient's Name		
Branch Office: 7 Kumpta Street, Ballard Estate, Mumbai – 400 001. Tel. : 22632452 FAX . 22632450/22632451/22632453. Corporate Office: 15/5 Mathura Road, Faridabad – 110031. Tel.: 0129-2250000, FAX : 0129-2250002 Web : www.rakshatpa.com E-mail : rakshatpa@escolife.com				