PLEASE FAX / SCAN PAGE 1 ONLY

Medi Assist

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

Name of the Hospital: OMNI R K HOSPITAL

Hospital Location: RAMNAGAR VISAKHAPATNAM

Hospital Fax No: 0891 2528300 Hospital Phone No: 0891 3080300

DETAILS OF THIRD PARTY ADMINISTRATOR (To be Filled in block letters)

a) Name of TPA company: Medi Assist Insurance TPA Pvt Ltd b) Toll Free Phone Number: 1800 425 9449 c) Toll Free FAX Number: 1800 425 9559

To Be filled in By Insured / Patient

a) Name of the Patient: MR S PALLELA KUMAR

b) Gender: ☐ Male ☑ Female c) Age: Years 55 Months M d) Date of birth: 24 01 1961

e) Contact number: 8280041455 f) Insured Card ID Number: 401963567

g) Policy number/Name of corporate: TATA CONSULTANCY SERVICES h) Employee ID: 129631

h) Currently do you have any other Mediclaim/Health Insurance: ☐ Yes ☐ No Company Name:

Give details:

i) Do you have a family physician ☐ Yes ☐ No j) Name of the family physician:

k) Contact number, if any:

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) Name of the treating doctor: DR G RAVI KUMAR b) Contact Number: 08913080300

c) Name of ILLNESS / Disease with presenting complaints: c/o Right shoulder pain since 4 days pain radiating to back associated with sweating c/o Gripping pain in chest since 4 day and palpitations, decreased sleep.

d) Relevant clinical findings:

e) Duration of the present ailment: Days f) Date of first consultation: D D M M Y Y

g) Past history of present ailment if any:

h) ICD 10 Code:

i) Provisional diagnosis: CAD_ACS + UNSTABLE ANGINA + DM + DKA

j) Proposed line of treatment: ☑ Medical Management ☐ Surgical Management ☐ Intensivecare ☐ Investigation ☐ Non allopathic treatment

k) If Investigation / or Medical Management provide details: Conservative medical management with Inj. Monocef 1gm IV BD, Inj. clexane 0.6 S/C BD, Inj. Human Mixtard, Inj. NTG 1 amp 45 ml/hr

l) Route of drug administration: Inj. Monocef 1gm IV BD, Inj. clexane 0.6 S/C BD, Inj. Human Mixtard, Inj. NTG 1 amp 45 ml/hr

m) If Surgical, name of surgery: Procedure "CAG"

n) ICD 10 PCS Code:

o) If other treatments provide details:

p) How did injury occur:

q) In case of accident: i. Is it RTA: ☐ Yes ☑ No ii. Date of Injury: M M Y Y Y Y iii. Reported to Police: ☐ Yes ☐ No iv. FIR No:

v. Injury/Disease caused due to substance abuse / alcohol consumption: ☐ Yes ☑ No vi. Test conducted to establish this: ☐ Yes ☐ No (If Yes attach reports)

r) In case of Maternity: G P L A Date of Delivery / LMP: D D M M Y Y

Details of the patient admitted

a) Date of admission: 12 12 17 b) Time: 13 39

c) Is this an emergency / a planned hospitalization event: ☑ Emergency ☐ Planned

d) Expected no. of days stay in hospital: 07 Days e) Room Type: Sharing A/C

f) Per Day Room Rent + Nursing & Service charges + Patients Diet (@2,000 x 3 days)	Rs.	6000
g) Expected cost for Investigation + diagnostics	Rs.	20000
h) ICU Charges (@3,000 x 2 days)	Rs.	6000
i) OT Charges: Procedure CAG' package charges	Rs.	10000
j) Professional fees Surgeon + Anesthetist Fees + Consultation Charges:	Rs.	5000
k) Medicines + Consumables Cost of Implants (if applicable please specify), Other hospital expenses if any:	Rs.	15000
l) All inclusive package charges if any applicable:	Rs.	
m) Sum Total expected cost of hospitalization	Rs.	62000

Mandatory:

Past History of any chronic illness if yes, since (Month/year)

- ☑ Diabetes M M Y Y
- ☐ Heart Disease M M Y Y
- ☐ Hypertension M M Y Y
- ☐ Hyperlipidemias M M Y Y
- ☐ Osteoarthritis M M Y Y
- ☐ Asthma/COPD / Bronchitis M M Y Y
- ☐ Cancer M M Y Y
- ☐ Alcohol or drug abuse M M Y Y
- ☐ Any HIV or STD / Related ailments M M Y Y

Any other Ailment give details:

(PLEASE READ VERY CAREFULLY)

DECLARATION

We confirm having read understood and agreed to the Declaration on the reverse of this form

a) Name of the treating doctor: DR G RAVI KUMAR

b) Qualification: MD DM c) Registration No. with State Code:

Hospital Seal (Must include Hospital ID)

Dr. G RAVI KUMAR, MD.,DM.
Regd.No. 50031
Consultant Cardiologist
OMNI RK Super Specialty Hospital
(A Unit of INCOR Hospitals (P) Ltd.)
Visakhapatnam-4

Patient / Insured Name & Signature:

IMPORTANT: PLEASE TURN OVER