Planned

DD:NO: 112309682 1

PLEASE FAX / SCAN PAGE 1 ONLY

Medi Assist

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

Name of the Hospital: GANGA MEDICAL CENTRE & HOSPITALS (P) LTD.

Hospital Location: 313, METTUPALAYAM ROAD, (NEAR B-11 POLICE STATION) COIMBATORE - 641 043.

Hospital ID:

Hospital Fax No.:

Hospital Phone No:

(To be Filled in block letters)

DETAILS OF THIRD PARTY ADMINISTRATOR

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. PRABAKARAN. P

b) Gender: ☑ Male ☐ Female

c) Age: Years 34 Months M M

d) Date of birth: D D M M Y Y Y Y

e) Contact number: 6385208804

f) Insured Card ID Number: 19455286

g) Policy number/Name of corporate:

h) Employee ID: 81303

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. SUNDARARAJAN. S.R

b) Contact Number: 04222485005

c) Name of ILLNESS / Disease with presenting complaints: c/o RECURRENT DISLOCATION OF RIGHT SHOULDER

d) Relevant clinical findings:

e) Duration of the present ailment: Days

f) Date of first consultation: D D M M Y Y

ii. Past history of present ailment if any:

f) Provisional diagnosis: HILL SACH'S DEFECT BONY BANKART & LABRAL TEAR ROTATOR CUFF

ii. ICD 10 Code: RIGHT SHOULDER

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

h) If investigation / or Medical Management provide details: X-RAY, MRI, BASIC BLOOD TEST

i. Route of drug administration: SURGICAL MANAGEMENT

i) If Surgical, name of surgery: ARTHROSCOPIC BANKART REPAIR +/- REMPLISSAGE - RIGHT SHOULDER

i. ICD 10 PCS Code:

j) If other treatments provide details:

k) How did injury occur:

l) 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)

m) 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: 15 10 23 b) Time 09 : 00 Hrs

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

d) Expected no. of days stay in hospital: 05 Days e) Room Type SINGLE

f) Per Day Room Rent + Nursing & Service charges + Patient's Diet:	Rs.	3000/-
g) Expected cost for investigation + diagnostics:	Rs.	15,000/-
h) ICU Charges:	Rs.	
i) OT Charges:	Rs.	20,000/-
j) Professional fees Surgeon + Anesthetist Fees + Consultation Charges:	Rs.	95,000/-
k) Medicines + Consumables Cost of Implants (if applicable please specify). Other hospital expenses if any:	Rs.	75,000/-
l) All inclusive package charges if any applicable:	Rs.	
m) Sum Total expected cost of hospitalization	Rs.	2,00,000/-

Mandatory:

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

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

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: SUNDARARAJAN S.R

b) Qualification: MS (Ortho)

c) Registration No. with State Code: Reg. No. 50316

Dr. SUNDARARAJAN S.R. MS (Ortho)
Reg. No. 50316
Senior Consultant - Orthopaedics

GANGA MEDICAL CENTRE & HOSPITALS (P) LTD., 313, METTUPALAYAM ROAD, (NEAR B-11 POLICE STATION) COIMBATORE - 641 043.

Hospital Seal (Must include Hospital ID)

Patient/ Insured Name & Signature:

IMPORTANT: PLEASE TURN OVER