



Pre-Authorisation Form

Patient's Details (to be filled by patient / relative)

Name of Insured \_\_\_\_\_ Sex: Male / Female Age: \_\_\_\_\_ yrs
Address \_\_\_\_\_ Phone No. \_\_\_\_\_
GHS ID. \_\_\_\_\_ Corp. Name/Employee Code \_\_\_\_\_ Current Policy No. \_\_\_\_\_

Optional Info:

Previous Policy No. \_\_\_\_\_ Insurer \_\_\_\_\_ Claims if any: Yes / No
Previous Claim Amount Rs. \_\_\_\_\_ Disease \_\_\_\_\_ Date \_\_\_\_\_

Simultaneous Medical Policy held with other Insurance Company/ies: Yes / No. Insurance Co. \_\_\_\_\_ SI \_\_\_\_\_

Doctor's Diagnosis (to be filled in by Doctor)

Name: Dr. \_\_\_\_\_ Mob. No. \_\_\_\_\_ Specialization: \_\_\_\_\_

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_ Fax No.(with STD Code) \_\_\_\_\_

Pulse rate \_\_\_\_\_ B.P. \_\_\_\_\_ CNS \_\_\_\_\_ (For Cardiac patient only)

Provisional / Differential Diagnosis \_\_\_\_\_

D/o 1st Occurrence / Detection / Consultation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Please attach primary investigation reports and proposed treatment plan along with separately)

Is the patient suffering from any of the following ? If yes, since when ?

Table with columns: Disease, Yes/No, Since. Rows include Hypertension, Cancer, Osteo-arthritis/Arthritis, Alcohol / Drug, Diabetes, COPD/Bronchial Asthma, IHD/Rheumatic Heart Disease, Any other. Includes Maternity History and Charges table.

All reports supporting present diagnosis along with prescription to be attached.

Stamp of the Hospital

Signature & Reg. No. of Attending Doctor

I, the undersigned understand that cashless Service facility by Grand Healthcare TPA Services Pvt. Ltd. is conditional and once cashless is pre authorized the same may be withdrawn by Grand Healthcare TPA Services Pvt. Ltd. at any stage before or during hospitalization.

I undertake to :

Pay directly to the medical establishment for all inadmissible items mentioned in the hospital bill.

Reimburse in full any amount paid by Grand Healthcare TPA Services Pvt. Ltd. for and on my behalf to the medical institution for the current hospitalization, if the claim submitted by Grand Healthcare TPA Services Pvt. Ltd. to the Insurance Company is repudiated by them or only part payment of the claim is found to be admissible.

Abide by interpretation of rules, regulation and conditions as is made by Insurance Co. from time to time.

Date.....

Signature.....