



# GOOD HEALTH PLAN LTD.

Ph.No. 55825003 fax no. 55828081

## REQUEST FOR PRE-AUTHORIZATION

Corporate name \_\_\_\_\_ Emp\_code \_\_\_\_\_ GHPL ID.No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Period : \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Fresh/Renewed(F/R): \_\_\_\_\_

Patients Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Employee/Insured Name \_\_\_\_\_

NAME OF HOSPITAL..... Fax No .....

*[ To be filled by Treating Doctor]*

Type of admission: Planned / Emergency (for planned admissions GHPL Authorization is a pre-requisite for admitting the patient)

Probable Date of admission (for elective/ planned admission) \_\_\_\_\_

Admission Date (for emergency cases) \_\_\_\_\_

Present Complaints with duration

.....  
.....  
.....

Past History.....

HTN / DM / ASTHMA / CAD If, yes since when .....

Provisional Diagnosis (In Capitals) .....

General Examination:
Investigations intended / if already done with findings:
Plan of Treatment (surgical / medical mgmt), In case of medical management, please provide details of prescribed medicines)

Possible Duration of stay: \_\_\_\_\_ Approx. total expenses \_\_\_\_\_

Name of the Doctor with Reg. No.: ..... Signature : .....

- Admissions for investigations / evaluation is not covered, GIC/underlying Insurance co. rules applicable
- If space not sufficient, attach separate sheets.

### GHPL AUTHORISATION LETTER

Doctor's Comment :

\_\_\_\_\_  
\_\_\_\_\_

Amount Approved : \_\_\_\_\_

Signature of the Doctor