RELIANCE General Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

An ISO 9001:2008 Certified Company

Health Claim Management Team (HCMT)

PRE-AUTHORIZATION REQUEST FORM

RGICL/Claim-Health/HCMT-PreAuth/ Ver 1.0/1 Sept 2010

PART - I (To be filled in by the insured)

Policy No.:		**Claim No.:**	
Pt. Name		Age / Sex	Mobile No:
Occupation		Designation	
Emp. ID		Corporate Name	

Address & Tel. No. of Insured:

Signature of Insured:

PART – II (To be filled in by the Doctor/Hospital in utmost Good Faith)

Chief Complaints			
Duration of ailment		Any past illness Relevant to present ailment	
Clinical findings			
Provisional Diagnosis			
Plan of Treatment	Medical / Surgical	* Treatment relating to (Please fill details below)	a. Maternity b. Trauma c. Alternative
Name and address of the Hospital		Hospital Tel No. / Hospital Fax No.	
Name of Cashless Coordinator		Hospital ID:	

Likely Date & Time of Admission		**Past history of any chronic illness If Yes, Duration Mandatory Since? Years**
Is this an Emergency / a Planned Hospitalization Event ?		a) Diabetes : Yes / No
Expected no. of days stay in Hosp		b) Hypertension : Yes / No
Class of accommodation		c) Heart Disease: Yes / No
Per Day Room Rent + Nursing & Service Charges + Patient's Diet		d) Br. Asthma : Yes / No
Expected cost for Investigation + Medicines + Consumables & Other Hospital expenses if any & OT Charges		e) COPD : Yes / No
Doctor's = Surgeon + Asst Surgeon+ Anesthetist Fees + Visit Charges		f) Osteo Arthritis: Yes / No
All inclusive Package Charges if any applicable		g) Cancer : Yes / No
Any separate Cost of Implants (if applicable please specify)		h) Any h /o Alcohol abuse or intoxication? Yes / No
SUM TOTAL EXPECTED COST OF HOSPITALIZATION Rs:		i) Any HIV or STD/Related ailments? Yes / No
		j) Any other Ailment : Yes / No If Yes, give details

* MANDATORY IN MATERNITY	* MANDATORY IN R.T.A.	* MANDATORY FOR ALL CASES
Menstrual History	H/O ALCOHOL ABUSE: YES / NO	Name of the Treating Doctor
Obstetric History	MLC / FIR COPY : YES / NO	Signature
G_____ P_____ A_____ L_____	CIRCUMSTANCES :	Mobile No:
LMP: EDD:		Hospital Stamp
NORMAL / LSCS Expected		Date

Consent by Patient/Insured/Beneficiary: I/We have no objection to RGICL HCMT Officials visiting the Hospital/Nursing Home to check the details of treatment. RGICL HCMT is authorized to collect documents pertaining to my treatment from the Hospital/Nursing Home. I/We have provided the necessary information accurately to the best of my knowledge. I/We agree to pay the cost of the hospitalization if authorization given by RGICL HCMT becomes null and void due to wrong and incorrect information regarding the duration of ailments.

Patient's Signature

Toll Free Voice : 1800-123-1999 **Fax No.: 022-xxxxx** [Please see over leaf for instructions]

RGICL HCMT 2nd Floor, Dev Arcade, Behind Ras Vatika, Naranpura, Ahmedabad – 380005 Email:hcmt.rgicl@relianceada.com

USEFUL INFORMATION FOR HOSPITALS: **(This side NOT to be faxed to RGICL HCMT)**

1. Pre-authorization form should be filled with due care. All columns are required to be completed in block letters.

2. It should reach us at least 4 days prior to likely date admission. In case of emergency admission within 4 hours after admission.

3. Authorization could be denied if complete information is not provided or queries are not replied to.

4. Discrepancy in information provided by the hospital records found at the time of claim may render the authorization given **null and void** and the amount claimed by the hospital would have to be settled by the insured to the hospital.

5. Any charges Diagnosis / Treatment plan should be intimated **before discharge of the patient.**

6. All quires by us need a reply at the earliest or al least **within 24hrs.**

7. Request for authorization / enhancement will not be entertained **after discharges of the patient**.

8. We promise to fax the authorization denial letter to the concerned hospital **within 24 hours** of complete and correct information being provided.

9. If clinical details provided are insufficient, there may be a delay in the authorization or denial for cashless access.