

**Request for Cashless Hospitalisation for Medical Insurance Policy**

1. To be filled in CAPITAL LETTERS only.
2. If there is insufficient space, please provide further details on a separate sheet.
3. Please Fax/Scan Page 1 & 2 only.

**Details of the Third Party Administrator**

- a) Name of TPA/Insurance Company :
- b) Toll Free Phone No:  c) Toll Free FAX:

**To be filled by the Insured/Patient**

- a) Name of the Patient :  (Part Name)  (Middle Name)  (Last Name)
- b) Gender :  M  F c) Age :  /  (YY/MM) d) Date of Birth :  /  /
- e) Contact Number :  f) Contact no. of attending relative :
- g) Insured Card ID Number :
- h) Policy Number/Name of Corporate :
- i) Employee ID :
- j) Currently do you have any other Mediclaim/Health Insurance :  Yes  No
- Company Name :
- Give Details : \_\_\_\_\_

- k) Do you have a family physician :  Yes  No
- i) Name of the family physician :
- l) Contact Number, if any :  -

**To be filled by the Treating Doctor/Hospital**

- a) Name of the treating doctor :
- b) Contact Number :  -
- c) Nature of Illness/Disease with presenting complaints : \_\_\_\_\_
- d) Relevant clinical findings: \_\_\_\_\_
- e) Duration of the present ailment :  days
- i) Date of first consultation :  /  /  (DD/MM/YYYY)
- ii) Past history of present ailment if any : \_\_\_\_\_
- f) Provisional diagnosis : \_\_\_\_\_
- i) ICD 10 Code :
- g) Proposed line of treatment :  Medical Management  Surgical Management  Intensive care  Investigation  
 Non allopathic treatment
- h) If Investigation &/or Medical Management provide details : \_\_\_\_\_
- i) Route of drug administration : \_\_\_\_\_

**Religare Health Insurance Company Limited**

CYS Global, Plot No. A3, A4, A5, Sector - 125, Noida, U.P. - 201301

IRDA Registration No. - 148 UIN: IRDA/NL-HLT/RH/PH/VI/25/1/3-14 Website : www.religarehealthinsurance.com E-mail : customerfirst@religarehealthinsurance.com Call us : 1800 200 4486

Page 1