



ICICI Prudential Life Insurance Company Limited
PRE-AUTHORIZATION REQUEST FORM
 Fax us at: 1800 - 103 - 4778

Address: Health Claim Cell, Trade Point Kamala Mills
 Compound, Pandurang Budhkar Marg,
 Lower Parel, Mumbai 400013
 24x7 ClaimCare Cell (Toll Free): 1800 - 103 - 6363

PART-I (To be filled in by the Life Assured)

Life Assured's Name	Address of Life Assured (Including State, City, Pincode)	Policy Number (8 Digit Number)	
		Date of Birth	
		Sex	
		Telephone Number	
		Mobile Number	
		E-mail	

PART - II (To be filled in by the Doctor / Hospital)

Chief Complaints			
Clinical Findings			
Duration of Allment		Provisional Diagnosis	
Plan of Treatment (Please tick the relevant box)	Medical	Treatment Details	
	Surgical		
Any past illness relevant to present ailment			
Name of the Hospital		Telephone Number	
Address of the Hospital (Including State, City, Pincode)		Fax Number	
		E-Mail	
Photo ID (e.g. Passport, PAN Card)		Photo ID Number	
Likely Date & Time of Admission DD / MM / YYYY (: : Hrs)		Past history of any illness, please tick the relevant box	
Is this an Emergency / a Planned Hospitalization Event?		Duration (since when) - Mandatory	
Emergency	Planned	a) Diabetes	Yes / No
Expected length of stay in Hospital (In Days)		b) Hypertension	Yes / No
Class of accommodation		c) Heart Disease	Yes / No
Per Day (Room Rent + Nursing Costs)		d) Br. Asthma	Yes / No
Expected Cost (Investigation + Medicines + Consumables & Other Hospital expenses)		e) Osteo Arthritis	Yes / No
Doctor's Fees = Surgeon + Asst surgeon + Anesthetist + Visit Charges		f) Cancer	Yes / No
All Inclusive Package Charge (if any applicable)		g) HIV or STD	Yes / No
Any separate Cost of Implants (if applicable please specify)		h) Any h / o alcohol / substance abuse	Yes / No
Total Expected Cost of Hospitalization (Rs)		j) Any other Ailment / Surgery Yes / No If Yes, give details	

Treatment relating to a. Maternity <input type="checkbox"/> b. Trauma** <input type="checkbox"/> (If Yes, please fill the relevant box given below)		
* MANDATORY IN MATERNITY	** MANDATORY IN R.T.A.	MANDATORY FOR ALL CASES
Menstrual History Obstetric History G. P. A. L. LMP: EDD: NORMAL / LSCS Expected	H/O ALCOHOL ABUSE: YES / NO MLC / FIR COPY: YES / NO MLC / FIR Number: CIRCUMSTANCES: MLC: Medico Legal Certificate FIR: First Information Report	Name of the Treating Doctor: Signature: Mobile No: Date: DD / MM / YYYY [Please go through the instructions given below]

<p>Authorization / Declaration</p> <p>The above details provided with respect to complaints and past illnesses are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event that any of the details are found to be untrue or incorrect, ICICI Prudential Life Insurance Company (Company) may refuse my preauthorization request or where the authorization has already been given, refuse payment in respect of the same.</p> <p>I further understand and agree that I shall be responsible and agree to bear the hospitalization expenses in any of the aforesaid event / circumstances.</p> <p>I hereby authorize the Company to obtain any medical records or seek additional / related information pertaining to my claim from the Hospital / Nursing Home.</p> <p style="text-align: right;">Life Assured's Signature If person signed above is other than Life Assured Name: Relationship with Life Assured: [Please go through the instructions given below]</p>	<p>Hospital Stamp</p>
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- Instructions:**
- The Company will not be held liable for payment in the event of any discrepancy in information provided by the hospital at the time of admission & network settlement (in final document submission)
 - If any details provided are insufficient / incorrect, there may be a delay / denial of pre - authorization (cashless) request
 - Denial of cashless does not mean denial of treatment
 - Any change in the Diagnosis / Treatment plan should be intimated to the company before discharge of the life assured
 - Any request for authorization / enhancement made by the hospital after discharge of the life assured will not be considered
 - All queries raised by the Company should be replied within 24 hours