# BAJAJ Allianz (1)

Bajaj Allianz General Insurance Company Limited. Regd. & Head Office : GE Plaza, Airport Road, Yerawada, Pune 411 006

Health Administration Team : \*A - Wing 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar | Pune - 411 014 Phone No.: 020-30305858/ 1800-103-2529 Fax: 020-30512224/ 6/ 7 Email: preauth@bajajallianz.co.in

(To be filled in block letters)

CASHLESS FORM				
PLEASE FAX/SCAN PAGE 1 AND 2 ONLY				
REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY DETAILS OF THE PROVIDER				
Hospital Name/nursing Home Name:				
 City Name: Pin Code:				
City Name:     Pin Code:     Image: City Name:     Image: City Name: City Na				
Landmark:				
Hospital Contact No: Fax No: TPA desk NoEmail id:				
TO BE FILLED BY THE INSURED/PATIENT				
a) Name of the Patient:				
b) Gender: Male Female c) Age: Years Y Y Months M M d) Date of birth: D D M M Y Y Y Y				
e) Name of the Attendant:f) Contact number, if any:				
g) Contact number:				
I) Policy number I Name of corporate:				
j) Employee ID:				
k) Currently do you have any other Mediclaim / Health insurance: 🔄 Yes 🔛 No				
Company Name:				
Give details:				
l) Do you have a family physician: Yes No m) Name of the family physician:				
n)Contact number, if any:				
o) Insured E-mail id (PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)				
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: DDDMMMVYYYY				
i. Past history of present ailment if any:				
f) Provisional diagnosisi. ICD 10 Code:				
h) If Investigation & Lor Medical Management provide details				
i) Route of drug administration:				
i) If Surgical, name of surgery:				
g) Proposed line of treatment: Medical Management Surgical Management Intensive care Investigation & I or Medical Management provide details i) Route of drug administration: i) Route of drug administration: i) If Surgical, name of surgery: i) If other treatments provide details: k) How did injury occur: i) In case of accident: i. Is it RTA: Yes No ii. Date of injury: DDMMYYYYY iii. Reported to Police: Yes No iv. FIR No iv. FIR No iv. FIR No iv. FIR No iv. Figs attach reports) i) In case of Maternity: G PLLANDE NO iv. Test conducted to establish this: Yes No iv. Test conducted to establish this Yes No i				

## Details of the patient admitted

Details of the patient admitted		Mandatory: Past History of any chronic illness (If yes, since (month / year)
a) Date of admission:	b) Time: H H : M M	Diabetes
c) Is this an emergency/a planned hospitalization event?	Emergency Planned	Heart Disease
d) Expected no. of days stay in hospital:	e) Room Type	Hypertension
f) Per Day Room Rent + Nursing &		Hyperlipidemia
Service Charges + Patient's Diet:	Rs.	Osteoarthritis
g) Expected cost for investigation + diagnostics.:	Rs.	Asthma / COPD / Bronchitis
h) ICU Charges:	Rs.	Cancer
i) OT Charges:	Rs.	Alcohol or drug abuse
j) Professional fees Surgeon + Anesthetist Fees +	Rs.	Any HIV or STD / Related ailments
consultation Charges		Any other Ailment give details:
k) Medicines + Consumables + Cost of Implants	Rs.	
specify). Other hospital expenses if any:		
I) All inclusive package charges if any applicable	Rs.	
m) Sum Total expected cost of hospitalization	Rs.	
		(PLEASE READ VERY CAREFULLY)

# DECLARATION

We confirm having read understood and agreed to the Declarations on the reverse of this form

a) Name of the treating doctor:\_\_\_\_

b) Qualification:\_\_\_

\_\_\_\_\_c) Registration No. with State Code:

Hospital Seal (Must include Hospital ID)

Patient Insured Name & Signature

#### PAGE 3: NOT TO BE FAXED/SCANNED

#### DECLARATION BY THE PATIENT / REPRESENTATIVE

- 1. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Bajaj Allianz General Insurance Company Limited after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
- 2. Payment to hospital is governed by the terms and conditions of the policy. In case the Bajaj Allianz General Insurance Company Limited is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
- 3. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Bajaj Allianz General Insurance Company Limited not governed by the terms and conditions of the policy will be paid by me.
- 4. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the Bajaj Allianz General Insurance Company Limited
- 5. I agree and understand that Bajaj Allianz General Insurance Company Limited is in no way warranting the service of the hospital & that the Bajaj Allianz General Insurance Company Limited is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
- 6. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- 7. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Bajaj Allianz General Insurance Company Limited
- 8. I Agree to be abide by the AML guidelines issued by IRDA\*
- 9. Please send my claim status update notification through E-mail / SMS/ WhatsApp.

a) Patient's / insured's Name:	
b) Contact number:	c) Patient's / Insured's Signature:

### HOSPITAL DECLARATION

- 1. We have no objection to any authorized Bajaj Allianz General Insurance Company Limited official verifying documents pertaining to hospitalization.
- 2. All valid original documents duty countersigned by the insured I patient as per the checklist below will be sent to Bajaj Allianz General Insurance Company Limited within 7 days of the patient's discharge.
- 3. All non medical expenses, OR expenses not relevant to hospitalization or illness, OR expenses disallowed in the Authorization Letter of the Bajaj Allianz General Insurance Company Limited, OR arising out of incorrect information in the pre-authorisation form will be collected from the patient.
- 4. WE AGREE THAT BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED WILL NOT BE LIABLE TO MAKE THE PAYMENT IN THE EVENT OF ANY DISCREPANCY BETWEEN THE FACTS IN THIS FORM

AND DISCHARGE SUMMARY or other documents.

- 5. The patient declaration has been signed by the patient or by his representative in our presence.
- 6. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
- 7. We will abide by the terms and conditions agreed in the MOU.

Hospital Seal

Doctor's Signature

#### DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital

2. Cash Memos from the Hospitals / Chemists supported by proper prescription.

3. Receipts and Pathological Test Reports from Pathologists, supported by note from the attending Medical Practitioner I Surgeon recommending such pathological Tests.

4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.

5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.

\*As per IRDA circular Ref: IRDA/SDD/GDL/CIR/020/02/2013 Anti-Money Laundering /Counter Financing of Terrorism (AML/CFT)-Guidelines for General Insurers All general insurance companies are required to carry out KYC norms at the settlement stage where claim payout crosses a threshold of `One lakh per claim. In cases where payments are made to third party service providers such as hospitals, the KYC norms shall apply on the customers on whose behalf service providers act.