

CASHLESS REQUEST FORM
E-MEDITEK (TPA) SERVICES LIMITED (IRDA License No. 007)
45, Nathupura Road, Gurgaon. Tel: - 0124-4555000-10 Customer Care Tel: - 0124-4555031-38
Fax: - 0124-4555071 / 72 / 73 E-Mail:- info@emeditek.com
PART A – TO BE FILLED IN BY TREATING CONSULTANT

E-Meditek ID No.: _____ Corporate Name & Emp Code: _____

Patient Name: _____ Age: _____ Years. Sex: Male / Female

Patient's Tel No. (Off.) _____ Mobile: _____ Residence: _____

Name of Hospital: _____ Treating Doctor with **contact no:** _____

Presenting Complaints & Clinical Findings with **Durations:** _____

Past History:

Disease	Duration	Disease	Duration
DM		Arthritis	
HTN		COPD / TB / Asthma	
IHD / CAD		Any Other Chronic Ailment	
Surgical History		Similar Ailment	

Maternity Cases: Gravida _____ Para _____ LMP _____ EDD _____ No. of Live Children: _____

In C/O Accidents, **influence of Alcohol / Intoxicant:** Yes / No Whether **MLC Done:** Yes / No In C/O Injury, whether suggestive of self inflicted injury: Yes / No

Proposed Line of Treatment: - _____

Date of Admission: _____ Expected duration of stay: _____ Room No. _____

Class of Accommodation _____ Admitting Diagnosis: _____

PART B – TO BE FILLED BY HOSPITAL

Amount in Rs.

Room Charges with breakup - _____

Consultant Visit Charges, Surgeon Fees, Anesthetist Fees with breakup - _____

Investigation Charges with breakup - _____

Anaesthesia, OT Charges, Surgical appliances, Medicines, Dialysis, Chemotherapy, Radiotherapy, Cost of Stent and Implant etc with breakup - _____

Total Estimated Expenses: **Rs.** _____

E-Meditek (TPA) Services Limited will not be held liable for the payment in the event of any discrepancy between the facts presented at the time of admission & in final documents submitted.

SIGNATURE & STAMP OF CONSULTANT

SIGNATURE & STAMP OF THE HOSPITAL

PART C – TO BE FILLED BY THE INSURED / CLAIMANT
INSURED CONSENT / AUTHORIZATION

I have 'no objection' in E-Meditek (TPA) Services Limited obtaining details of my treatment / collecting documents / verifying hospital records and also authorize E-Meditek (TPA) to pay the hospital bill & reimburse itself / receive the amount from my claim receivable from my insurance company. In case my claim is rejected, I hereby undertake to pay E-Meditek (TPA) Services Limited the amount paid by them to the hospital. This consent is also final discharge for hospitalization part of the claim where it has affected the payment. I reserve the right to submit pre / post hospitalization or other claim separately as and when required and as per policy terms and conditions, which I have read and understood. In case, the letter of authorization is not utilized at the above hospital, I agree to inform and surrender the letter of authorization to the E-Meditek (TPA) Services Limited. I am aware that E-Meditek (TPA) Services Limited will update my sum insured only after receipt of the letter (in case of non utilization of authorization letter).

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, then, my right to claim reimbursement of the said expenses would stand forfeited. I further declare that in respect of the above treatment, no benefits are admissible under any other medical scheme or insurance.

Previous Policy details – Policy No. _____ Insurance Company _____

Previous Claim details - Ailment: _____ Dated: _____ Amount: _____

Concurrent Policy details: _____ Contact Info: _____

Name: _____ Signature (Insured / Claimant) _____