

Pre-Authorization Hospitalization Claim Form Sample

The **pre-authorization hospitalization claim form sample** serves as a crucial document for initiating the approval process before hospital admission. It outlines essential patient details and treatment information, ensuring a smooth and timely claim settlement. Utilizing this form helps avoid delays and facilitates efficient communication between patients, hospitals, and insurers.

SECTION A: Patient & Policy Details

1. Policy Number	_____
2. Name of the Insured	_____
3. Patient's Name	_____
4. Age / Gender	_____ Years / M / F / Other
5. Contact Number	_____
6. Relationship to Insured	Self / Spouse / Child / Parent / Other
7. Address	_____

SECTION B: Hospital Details

1. Hospital Name	_____
2. Room Category	General / Twin Sharing / Private / ICU
3. Admission Date & Time	___ / ___ / ____ : ____
4. Expected Date of Discharge	___ / ___ / ____

SECTION C: Treatment Details (To be filled by treating Doctor)

1. Diagnosis/Provisional Diagnosis	_____
2. Nature of Treatment/Surgery Planned	_____
3. Duration of Proposed Treatment	_____ Days
4. Doctor's Name & Registration No.	_____ / _____
5. Estimated Expenses	Rs. _____

SECTION D: Declaration & Authorization

☐ I hereby declare that the information furnished above is true and correct to the best of my knowledge. I authorize the insurer/hospital to obtain further information from the medical practitioner/hospital as required.

Patient/Insured Signature	_____
Date	____/____/____