HDFC ERGO General Insurance Company Limited

HDFC ERGO
Take it easy!

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY PART - C

DETAILS OF THE THIRD PARTY ADMINISTRATOR/ INSURER/ HOSPITAL (All fields are mandatory and fill in CAPITALS only)

a) Name of the TPA/ Insurance Company: **HDFC ERGO General Insurance Company Limited**

b) Customer service no: 022 - 6234 6234 / 0120 - 6234 6234

c) Name of Hospital: SHIVAM HOSPITAL

i. Address: Jashoda Nagar Memnagar A'bad.

ii. Rohini ID: 8900080083660

iii. E-mail id:

TO BE FILLED BY INSURED/ PATIENT

a) Name of the Patient: MALESH KUMAR (First Name) PATEL (Middle Name) (Last Name)

b) Gender: ✓ Male / Female / Third Gender c) Age: Years 47 Months d) Date of birth:

e) Contact Number: 9824909569 f) Contact number of attending relative:

g) Insured Member ID card No: 29522013414470104 h) Policy No./Name of Corporate: 29522013414470104

I) Employee ID

j) Currently do you have any Mediclaim/Health Insurance: Yes / ✓ No

i) Company Name: —

ii) Give details: —

k) Do you have a family physician: Yes / ✓ No l) Name of the family physician: —

m) Contact No, if any: —

n) Current Address of Insured Patient: 37 DHARMABHUMI Row. P.O. Randheri College Road

o) Occupation of Insured Patient: —

(PLEASE COMPLETE DECLARATION OF THIS FORM)

TO BE FILLED BY TREATING DOCTOR/HOSPITAL

a) Name of the Treating Doctor: DR. PRAKASH H. NORMI b) Contact Number:

c) Name of illness/disease with presenting complaints: fever, Severe Headache, Vomiting, Stretching at limbs, weakness. d) Relevant clinical findings: Temp 102°F.

e) Duration of the present ailment: 5-6 Days i) Date of first consultation: 19 03 2020 ii) Past history of present ailment, if any: Admitted fever Acute Viral fever... 6/3/19 to 11/3/19

f) Provisional Diagnosis: Acute Viral fever i) ICD Code: —

g) Proposed line of treatment: ✓ i) Medical Management ii) Surgical Management iii) Intensive care iv) Investigation v) Non allopathic

h) If investigational &/or Medical Management provide details: Blood value X Rays i) Route of drug administration: IV Flow & with Suppository

I) If surgical name of surgery: — i) ICD 10 PCS code: —

j) If other treatment provide details: — k) How did injury occur: —

l) In case of Accident: i. Is it RTA: Yes / No ii. Date of injury: — iii. Reported to police: Yes / No iv. FIR No.: —

v) Injury/Disease caused due to substance abuse/alcohol consumption: Yes / No vi) Test conducted to establish this: ✓ Yes / No (If yes, attach report)

m) In case of Maternity: G — P — L — A

i) Expected date of Delivery

Details of patient admitted

a) Date of admission: 19 03 2020 b) Date of Time: 08:00

c) Is this a emergency/a planned hospitalisation event?: ✓ Emergency / Planned

e) Expected No. of days stay in hospital: 4-5 Days

f) Days in ICU: — Days g) Room Type: Deluxe Room

Item	Rs.
h) Per Day Room Rent + Nursing & Service Charges + Patient's Diet	3000/-
I) Expected cost for investigation + diagnostics	5000/-
j) ICU Charges	—
k) OT Charges	—
l) Professional fees Surgeon + Anesthetist Fees + consultation Charges	1000/-
m) Medicines + Consumables + Cost of Implants (if applicable please specify).	6000/-
n) Other hospital expenses if any	—
o) All inclusive package charges if any applicable	
p) Sum Total expected cost of hospitalization	15,000/-

d) Mandatory Past history of any chronic illness If yes, since (month/year): NO

i) Diabetes
ii) Heart Disease
iii) Hypertension
iv) Hyperlipidemias
v) Osteoarthritis
vi) Asthma/ COPD/ Bronchitis
vii) Cancer
viii) Alcohol or drug abuse
ix) Any HIV or STD / Related ailments
x) Any other Ailment give details:

HDFC ERGO General Insurance Company Limited (Formerly HDFC General Insurance Limited). Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234 | care@hdfcergo.com | www.hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. CIN: U66030MH2007PLC177117. IRDAI Reg No. 146.

DECLARATION (Please read carefully)

We confirm having read understood and agreed to the declarations of this form

a) Name of the treating doctor : DR. PRAKASH M. KURMI

b) Qualification : M.D

c) Registration No. with state code: G.7511.

Hospital Seal (Must include Hospital ID)

Patient/ Insured Name & Signature

DECLARATION BY THE PATIENT / REPRESENTATIVE

a. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/T.P.A after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.

b. Payment to hospital is governed by the terms and conditions of the policy. In case the Insurer /TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.

c. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/T.P.A not governed by the terms and conditions of the policy will be paid by me.

d. 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 Insurer / T.P.A

e. I agree and understand that T.P.A is in no way warranting the service of the hospital & that the Insurer /TPA is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.

f. 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.

g. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer / TPA.

h. "I/We authorize Insurance Company/TPA to contact me/us through mobile/email for any update on this claim".

Patient's/ Insured's Name: Nilesh Kumar Patel

Contact No.:

E-mail Id (optional):

Patient's/ Insured's Signature:

Date: 19/3/20. Time: 8:00

HOSPITAL DECLARATION

a. We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.

b. All valid original documents duly countersigned by the insured/patient as per the checklist below will be sent to TPA / Insurance Company within 7 days of the patient's discharge.

c. We agree that TPA/Insurance Company will not be liable to make the payment in the between the facts in this form and discharge summary or other documents

d. The patient declaration has been signed by the patient or by his representative in our presence.

e. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications

f. We will abide by the terms and conditions agreed in the MOU.

g. We confirm that no additional amount would be collected from the insured in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).

h. We confirm that no recoveries would be made from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).

i. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same from us (the Network Provider) and/or take necessary action, as provided under the MOU or applicable laws.

DR. PRAKASH H. KURMI M.D. (MEDICINE) REG. NO. G-7511

Hospital Seal

Doctor's Signature

Date: Time:

ડૉ. પ્રકાશ એચ. કુમી
એમ.ડી. (મેડીસીન)

Bernaus
Discharge Summary

આઈ.સી.યુ., મેડીકલ, સર્જીકલ નર્સિંગ-હોમ

સમય
સોમ થી શનિ
સવારે ૧૧.૩૦ થી ૨.૩૦
સાંજે ૬.૩૦ થી ૮.૩૦

સી-૪, સત્યનારાયણ સોસાયટી, ગોરનો કુવો, જશોદાનગર ચાર રસ્તા, મણિનગર (પૂર્વ), અમદાવાદ-૮.
ફોન : ૨૫૮૩૫૮૩૦, (મો.) ૯૯૨૫૦૪૭૬૯૫ ફેક્સ : (૦૭૯) ૨૫૮૩૫૮૩૧

: A22754 / IPD No. : *11440 Date : 09/03/2019 11.53 am

Name : NILESHKUMAR PATEL
Sex/Age : Male / 46 Years
Address 37/dharmbhumika park soci, p.d. pandya collage road, AHMEDABAD, GHODASAR
Phone : M-9524909569

DISCHARGE SUMMARY

Date of Admission : 06/03/2019 Time : 09.50
Date of Discharge : 11/03/2019 Time : 18.00

*** Diagnosis :**

ACUTE VIRAL FEVER - GASTRITIS - CERVICAL SPONDYLYSIS

*** Indoor Detail :**

44 yrs old pt admitted with c/o high grade fever, headache, cough, cold, abdominal pain, vomiting, vertigo since 5 days. pt evaluated for cause which shown viral fever - spondilitic changes and treated with iv fluids, iv antibiotics and supportive. he had off and complaint of severe headache vertigo, and fever . so treament countinued. gradually he improved over 6 days, became afebrile, vertigo and headche stop, able to take orally so today discharge with 7 days medicines to take at home as prescribed.

*** Treatment on Discharge :**

f/u after 7 days.

Rx

1) Tab. HELCEF-AZ (14)
   એક ગોળી સવારે એક સાંજે જમ્યા પછી......7 days
2) Tab. pregason-75 (14)
   એક ગોળી સવારે એક સાંજે જમ્યા પછી......7 days
3) Sy. ACILOSs (1)
   બે ચમચી (૧૦ મી.લી.) દિવસમાં ત્રણ વાર જમ્યા પછી......7 days
4) Tab. THIOMIN - E (14)
   એક ગોળી સવારે એક સાંજે જમ્યા પછી......7 days
5) Tab. REPEN-D (14)
   એક ગોળી સવારે એક સાંજે જમ્યા પહેલા......7 days
6) Tab. L-BEX- OD (7)
   એક ગોળી રોજ બપોરે જમ્યા પછી......7 days
7) Tab. ELTROXIN 0.1 MG (7)
   એક ગોળી રોજ સવારે જમ્યા પહેલા......7 days

CASH A/C
Ahmedabad,Gujarat

SHIVAM HOSPITAL & DIAGNOSTIC CENTER
Dr. PRAKASH H. KURMI
M.D. (Medicine)
Regd. No. G-7511
C/4, Satyanarayan Society, Nr. Gor No Kuva,
Jashoda Nagar Cross Road,
Maninagar (E), AHMEDABAD-380 008.

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

NILESHKUMAR R PATEL

R P PATEL

05/12/1972

Permanent Account Number

APAPP0017K

Signature

भारत सरकार
GOVERNMENT OF INDIA

નીલેશકુમાર રમણલાલ પટેલ
Nileshkumar Ramanlal Patel
જન્મ તારીખ/DOB: 05/12/1972
પુરુષ/ MALE

6525 4301 7042

મારો આધાર, મારી ઓળખ

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

સરનામું :
S/O રમણલાલ પરસોતમદાસ પટેલ, ૩૭, ધર્મ ભૂમિ પાર્ક, પી.ડી. પંડ્યા કોલેજ રોડ, સ્મૃતી મંદિર ની પાછળ, ઘોડાસર, દસક્રોઈ, અમદાવાદ,
ગુજરાત - 382440

Address
S/O Ramanlal Pasottamdas Patel, 37, Dharm Bhumi Park, P.D. PAndya Collage Road, B/HSmruti Mandir Road, Ghodasar, Daskroi, Ahmadabad,
Gujarat - 382440

1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No. 1947, Bengaluru-560 001

Policy No 2952201341470104
Valid From : 09/03/2020

Insured Name	Date of Birth	Gender
NILESHKUMAR RAMANLAL PATEL	05/12/1972	M
MINAL NILESHKUMAR PATEL	11/05/1973	F
FENIL N PATEL	25/08/2007	M

Renewal Date: 08 March

3570224

Shivam HOSPITAL

ICCU Diagnostic & Research Centre

FIRST CONSULTATION CERTIFICATE

In Door No.

Date : 19/3/20

Name Mileshkumar Patel

Age 37 yr Sex M DOA 19/3/20 DOD

Chief Complaints Fever [illegible] with chills since 6 days, cough, headache, vomiting, stretching of limbs, generalised weakness, unsteadiness.

Post H/o Not Sig

Family Not Sig

Personal H/o Not Sig

On examination T: 102°F P: 96/min

RR: 24/min BP: 140/80

RS: B/L AE+ CVS: S1S2+

PA: Soft non-tender CNS: No FND

Clinice Dlaff Acute febrile fever ? ↑ ICP.

Advise Admission, antibiotic, supportive