

**CASHLESS REQUEST FORM**  
**E-MEDITEK (TPA) SERVICES LIMITED (IRDA License No. 007)**  
**577, Udyog Vihar, Phase - 5 Gurgaon. Customer Care Tel: - 0124-4466666**  
**Fax: - 0124-4466677 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) \_\_\_\_\_