RELIANCE GENERAL INSURANCE
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
1800 3009

PRE-AUTHORIZATION REQUEST FORM

Please use Reliance Provider Portal to communicate with us - https://provider.reliancegeneral.co.in/

Part 1 Insured Details

Insured Name: ______ Claim No ______

Mobile No.: ______ Policy No.: ______

E-mail Id ______

If Group Policy, Company Name: ______ Employee id ______

PAN No. ______ UID Aadhar No. ______

Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others

Monthly Income: ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

Part 2 Patient Details

Patient Name: ______

Patient UHID ______ Age: ______ yrs DOB: dd/mm/yy Gender: ☐ Male ☐ Female

Patient Mobile No.: ______ Patient Email id: ______

Relation with insured: ☐ Self ☐ Spouse ☐ Mother ☐ Father ☐ Son ☐ Daughter ☐ Others ______

Address: ______

City; ______ Pin Code ______

Attendant Name: ______

Attendant Mobile no.: ______ Attendant email id ______

Part 3 Service Provider Details

Hospital Name: ______ Hospital Code: ______

Hospital Address: ______

City: ______ Pin Code ______

Contact Details (Hospital Employee)	Treating Doctor Detail
Name: ______	Name: Dr. ______
Telephone no./Mobile no. ______	Qualification: ______
Fax No.: ______	Registration No.: ______
E-mail Id ______	Mobile No.: ______

Part 4 Case Information (filled by treating doctor)

Presenting Complaint ______

Duration ______ Date of first onset/Consult ______

H/O of past illness related to present complaint ______

Relevant Clinical findings ______

Investigation findings ______

Provisional Diagnosis ______

______

Treatment Plan : ☐ Medical ☐ Surgical

______

In case of Maternity

Obstetric History G____ P____ L____ A____

LMP______________ EDD.________________

In case to Injury/RTA/Self Injury

Under Influence of Alcohol/Drug abuse ☐ Yes ☐ No

Attached Copy of ☐ MLC ☐ FIR ☐ PI

MLC/FIR Number: ______ Place: ______

Past Medical History	Y	N	Duration/Details
HTN	☐ Y	☐ N	______
IHD/CAD	☐ Y	☐ N	______
Diabetes	☐ Y	☐ N	______
Asthma/COPD/TB	☐ Y	☐ N	______
Paralysis/CVA/Epilepsy	☐ Y	☐ N	______
Arthritis	☐ Y	☐ N	______
Cancer/Tumor/Cyst	☐ Y	☐ N	______
STD/HIV	☐ Y	☐ N	______
Alcohol/Drug abuse	☐ Y	☐ N	______
Psychiatric condition	☐ Y	☐ N	______
Others	☐ Y	☐ N	______

An ISO 9001:2008 Certified Company

RCare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.

IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai - 400710. **Corporate Office:** Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/MI-14/PRE-AUTHORIZATION REQUEST FORM /VER. 1.4/301017.

Part 5
Billing details (filled by hospital)

Room Type: ☐ Single AC ☐ Single NON AC ☐ Twin Sharing AC ☐ Twin Sharing NON AC ☐ Multi-bed ☐ Others

Hospital Room Name.: ____

Type of Admission: ☐ Planned ☐ Emergency

Expected DOA: dd/mm/yy Length of Stay: ____ Days

Package Rate: ☐ Yes ☐ No

If Yes, Package Charges ____

Implant Charges ____

Remarks (if Any) ____

If Package not applicable,

Item	Amount
Room Rent + Nursing Charges	
Surgeon/Assistant Surgeon Charges	
Anesthesia/Anesthetist Charges	
Operation theatre Charges	
Doctor's Visit Charges	
Investigation Charges	
Pharmacy Charges	
Implant Cost(if any)	
Total Cost of Hospitalization	

Please note: In case the Health Gain Policy under which the cashless claim is being lodged has been taken on installment basis then in the event of cashless claim being admissible , the company will deduct the balance installments due if any, from the claim approved amount and pay the balance due to the Policyholder. In the event of the claim assessed amount being lower than the Balance installment due then the Policyholder is liable to pay the balance premium installments due immediately by cheque or DD, failing which the said Claim would be treated as inadmissible and the Policy shall stand cancelled immediately and no liability shall be admissible under the Policy for any Claims liability in future or in period elapsed.

Consent by the Patient/Insured/Beneficiary: I/We understand that Cashless facility is not automatically guaranteed by RGICL. I/We have no objection to RGICL RCare Health Officials visiting the Hospital/Nursing Home to check the details of treatment and are authorized to collect documents pertaining to my treatment from the Hospital/Nursing Home.

I/We have provided the necessary information accurately to the best of my /our knowledge. I/We agree to pay the cost of the hospitalization, if authorization given by RGICL RCare Health becomes null and void, due to wrong and incorrect information.

Patient Signature: ____

Treating Doctor's Signature: ____

Date & Place: d d m m y y y y

Stamp of Hospital: ____

Declaration

I hereby agree, affirm and declare that, the statements/information given/stated by me/us in this claim form is true, correct and complete. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been with held or not disclosed. If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void & that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

I hereby provide my consent and authorize Reliance General Insurance Company Ltd to seek any medical information from any hospital/Medical Practitioner who has at any time attended on the insured person.

Place: ____

Date: d d m m y y y y

(Signature of Claimant)

IMPORTANT INFORMATION FOR HOSPITALS:

1. The Pre-authorisation Request Form should be filled with due care including the unique number received by the Insured/member/beneficiary. All columns are required to be filled in block letters.
2. Completed Pre-authorization Request Form should be faxed to RCare-Health on 1800 3010 3001, or emailed at rgicl.rcarehealth@relianceada.com by the provider hospital. It should reach us at least 4 days prior to likely date of admission. In case of emergency admission Pre-Authorisation Request Form should be sent within 4 hours of admission.
3. Authorisation may be denied if complete information is not provided or queries are not replied to.
4. Discrepancy in the information provided by the hospital records found at the time of claim may render the authorisation given null and void and the amount claimed by the hospital would have to be settled by the Insured to the hospital.

5 Any changes in Diagnosis/Treatment plan should be intimated before discharge of the patient.

6 All queries raised by us need to be replied at the earliest & maximum within 24hrs.

7 Request for authorisation/enhancement will not be entertained after discharges of the patient.

8 We shall share the authorization denial letter to the concerned hospital within 24 hours of complete and correct information being provided.

9 If clinical details provided are insufficient, there may be a delay in the authorisation or denial for cashless.

10 As per IRDAI any claimed amount above 1lac, copy of PAN card/form 60 of the insured/Policy holder/Proposer is mandatory and for below 1lac, Photo identity proof (For eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.

Email: rgicl.rcarehealth@relianceada.com, Help line: 1800 3009 (Toll free) 022 - 39898282 (Charges Apply)
Fax No.: 180030103001 (Toll free)

IRDAI Registration No. 103. UIN of Reliance HealthGain Policy: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14.
UIN of Reliance HealthWise Policy : IRDA/NL-HLT/RGI/P-H/V.I/315/13-14
UIN of Group Mediclaim: UIN: IRDA/NL-HLT/RGI/P-H/V.I/317/13-14.