ANNEXURE I: PREAUTHORIZATION FORM



This form must be filled and submitted for all planned admissions

I understand that the pre-authorization approval covers certain medically necessary part of treatment during the admission and exclusion as per Su-Swastha Terms and Conditions shall be borne by patient or family themselves.							

PART II (TO BE FILLED BY THE HOSPITAL) ALL FIELDS ARE MANDATORY

Hospital Details Name of the Hospital / Nursing Home						
Tel No.	Email	ID				
Address						
Line 1	Line 2					
Line 3	City					
District	Pin Co	de				
Medical Details						
Type of Admission Medical	Surgical Dental Day	Care Maternity				
Current Complaints						
Relevant Causative Factors						

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History of Past Ilness - (past diagnosis, past procedures, causative factors from past)							
Examination	Findings						
Height			Weigh	nt			
BMI		Temperature		Pulse	Blood Pressure		
General Examination							
Systemic Examination							
Investigation	Details						
Investigations	/tests						
Diagnosis esta	ablished by te	st					
Doctor Name	& Reg No.						
Diagnosis Primary Diagr	nosis						
Relevant deta	ils of diagnosi	5					
Plan of Treatr Category Nam							
Procedure/Tre	atment Type						
Procedure Na	me						
Speciality & Ad	dmitting Doct	or					
I hereby declare that the pre-authorization request is in line with the medical treatment							

Date D D M M Y Y Y Y

Signature of Treating Doctor with Seal

equirements of the above patient in view of the diagnosis and medical facts of the case.

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Admission and Financial Details						
Admission Type Planned Emergence	cy Planr	Planned Date of Admission D D M M Y Y Y Y				
Financial Details						
Package/Non-Package Package N	lon-Packag	je				
Name/Code of Package Package Rate						
Serial Number	Rate		Remarks			
Anesthesia and OT charges						
Surgery charges						
Stay and investigations/ ward management charges						
Implants						
Medicines and consumables						
Exclusions						
TOTAL PRE AUTH REQUESTED						
			Date D D M M Y Y Y			
Authorized Person's Name						
Tel No.		Email ID				

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