

ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ ಅಸ್ಪತಾಲ, ಪಿಣ್ಯಾ ಬೆಂಗಲೂರು - 560 022


**EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL
PEENYA, BENGALURU - 560 022.**

(Under Ministry of Labour & Employment, Govt. of India)


Referral Form (Permission Letter)

Referral No : Insurance No/Staff Card No/
Pensioner Card No.

Name of the Patient :

Address/Contact No : Age/Sex

Identification marks (if any) :

IP/Beneficiary/Staff :

Relationship with IP/Staff : F/M/S/D/Other

Entitled for Speciality/Super Sp.tt : Yes/No

Diagnosis/clinical opinion/case summary :

Relevant Treatment given / Procedure /
Investigation done in referring hospital :

Treatment/Procedure/Investigation for
which patient is being referred (mention
specific diagnosis for referral) :

Photograph
of Patient

I voluntarily choose Hospital for treatment of self or my

Sign/Thumb Impression of IP/Beneficiary/Staff

Referred to Hospital/Diagnostic Centre for

Date :

Sign. & Stamp of Authorized Signatory**

** In case of emergency, signature of referring Doctor or Casualty Medical Officer. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.

Mandatory Instructions for Referral Hospital :

Referral hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.

In case of additional Procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).

The referred hospital is requested to raise the bill as per the agreement on the standard proforma along with supporting documents within 6 days of discharge of the patient giving account number and RTGS number etc.

Checklist (Referring Hospital)

1. Duly filled & signed referral proforma
2. Copy of Insurance Card/Photo I card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Copy of entitlement evidence of Specialty/super specialty treatment.
5. Reports of investigations and treatment already done.
6. Photograph

Signature of the Competent Authority **

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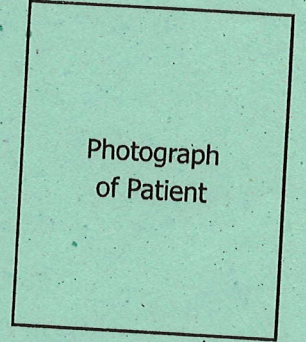
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