



**PUNJAB STATE POWER CORPORATION LIMITED
AUTHORIZATION LETTER**

To
Medical Superintendent/Doctor

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Memo No.:

Dated:.....

Subject:- Authorization letter for IPD treatment.

Sir/Madam

As recommended by Competent Authority of the empanelled Hospital vide First Admission Report /Prescription letter dated:.....(copy enclosed), you are requested to provide indoor medical treatment to below mentioned patient under 'Cashless Medical treatment under Direct Payment System':-

- i. Name of Patient: _____
- ii. Name of diseases/suffering from: _____
(Attach MO's recommendation/Hospital pre admission Report)
- iii. Name of the PSPCL employee and Employee No.: _____
- iv. Designation: _____
- v. Grade pay of the post(not TBPS grade Pay): _____
- vi. Entitled ward: _____
- vii. Name and address of office/Division: _____
- viii. Relationship of patient with the Employee: _____
- ix. Whether entitled for medical facilities from PSPCL: _____
- x. PSPCL Health Identity Card No.(Attach attested copy): _____

1. The patient is entitled for hospital accommodation in General/semi private/Private Ward
2. The claim bill along with copies of investigation reports, first admission report; pre-authorization letter, copy of this letter , original cash memos and discharge summary report be submitted by the hospital to the.....PSPCL within the stipulated time as per agreed terms and condition.
3. This authorization will be valid for.....days only from the date of issue / date of admission.

Note:

1. Intimation may be given to the competent authority of PSPCL of using Life Saving Appliances.
2. Admission subject to Package rates only and treatment strictly only for diseases as mentioned in the First Admission Report.

(Authorized Signatory)

Copy to:-

.....for information and necessary action please.