

AUTHORIZATION FORM

OFFICE OF NODAL OFFICER (DELHI AROGYA KOSH)

_____ (Name of the Hospital/ Polyclinic)

**APPROVAL FOR CASHLESS DIAGNOSTIC/IMAGING FACILITY IN DAK APPROVED CENTRE
(To be filled by authorized signatory)**

File No.

Dated:

To,
Centre Manager,
DAK Empanelled Diagnostic/ Imaging Centre

**Sub: Authorization Letter for MRI /CT Scan/ PET CT/ Radio-Nucleotide Scan/ USG/ Colour Doppler/
Mammography/ ECHO/ T.M.T. / E.E.G. / E.M.G. (encircle the test advised)**

Sir/Madam,

This is to certify that Mr./Ms. _____
S/o,D/o,W/o _____ R/o _____
_____ has been referred by Department of
_____ of this hospital for MRI /CT Scan/ PET CT/ Radio-Nucleotide
Scan/ USG/ Colour Doppler/ Mammography/ ECHO/ T.M.T. / E.E.G. / E.M.G. (encircle the test advised)
Code No. _____ (as per DGEHS list)

He/She is authorized by Delhi Arogya Kosh (DAK) for getting the same done at your centre.

He/She is a bonafide resident of Delhi and has submitted a copy of Aadhar Card/Voter ID/Ration card/Driving Licence/ extract of electoral roll/ /Passport/ Birth Certificate bearing no. _____ as proof of resident of Delhi and is therefore eligible for seeking financial assistance through DAK for the aforementioned radiological/ imaging investigation.

Your diagnostic/ imaging centre ,which is empanelled under Delhi Arogya Kosh and as per the agreement entered with DAK, the billing for the aforementioned test shall be at DGEHS approved rate.

No payment of any kind shall be levied against or made by the authorised patient. The patient concerned shall certify on the bill regarding no payment made by him/her for the test and also regarding the receipt of the diagnostic test/ imaging report and film(where applicable). A copy of the certified bill is to be provided to the patient concerned.

The certified bill(s) alongwith authorization letter(s) (in original) are to be sent to the O/o DAK, Room No.1, 6th Floor, Directorate General of Health Services, F-17, Karkardooma, Delhi-110032 latest by the seventh day of the subsequent month.

Yours sincerely

**Medical Superintendent of Hospital/ Nodal Officer, DAK
(Signature with Seal)**

Note:

Only for patients requiring Contrast Enhanced CT scan/ PET CT Scan/ Radio-nucleotide scan:

It is certified that as per the available reports his/her creatanine level is less than 1.2 mg/dl and urea level is less than 60 mg/ dl during the last month.

**Medical Superintendent of Hospital/ Nodal Officer, DAK
(Signature with Seal)**