

CONSENT FORM FOR VERIFICATION & COLLECTION OF IPD PAPERS

To,

Dated:

(Hospital Name)

(Address)

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Dear Sir / Madam,

SUBJECT: CONSENT FORM FOR VERIFICATION & COLLECTION OF IPD PAPERS

I hereby authorize the representative of Vipul Medcorp Insurance TPA Pvt Ltd to verify & collect photocopy of all of my IPD papers related to following hospitalization :-

Name of the Patient-

Hospital UHID No-

Date of Admission

Date of Discharge

Diagnosis as per Discharge Card

Self attested photo id proof of Patient/Guardian (if patient is minor) is attached

Thanking you.

Yours truly,

(Signature of the Patient / Guardian (if the patient is minor))

Policy Holder's Details :-

Name :

Address :

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Contact No :