[support@starhealth.in](mailto:support@starhealth.in)

|  |  |  |
| --- | --- | --- |
| Insured/Corporate Name |  | |
| Policy number |  | |
| Employee Code |  | |
| Employee Name |  | |
| Pt insurance card no |  |  |
| Patient Name |  | |
| Relation |  | |
| Date of Birth |  | |
| Gender |  | |
| Location |  | |
| Name of Hospital |  | |
| Address of Hospital |  | |
| Date of Admission |  | |
| Time of Admission |  | |
| Ailment/ Diagnosis |  | |