**{iname}**

**Health Claim of : {pname} Claim Number : {claimno}**

**Query to treating doctor**

**1. Dear Doctor, When did {pname} consult you for the first time and recent times? for what ailments?**

**Ans.**

**2. What were the clinical findings on hospitalization / consultation at the time of his death?**

**Ans.**

**3. Any investigations like CT Scan, MRI, ECG, Cardiac enzymes, blood test or any other test were done? What were the findings?**

**Ans.**

**4. What was the treatment given?**

**Ans.**

**5. Was the Postmortem done? What are the findings?**

**Ans.**

**6. Dear Sir, was there any evidence of MI noted? If yes then kindly provide the basis & supporting investigation reports along with whether STEMI or NSTEMI.**

**Ans.**

**7. What was the etiology of MI in this case?**

**Ans.**

**Signature & Stamp**

**{iname}**

**Health Claim of : {pname} Claim Number : {claimno}**

**Query to treating doctor**

**8. Dear Doctor, What was the Cause of death? Provide the basis.**

**Ans.**

**9. Dear Sir, Kindly specify the nature of death. Natural (Due to medical illness) / Accidental ( Road traffic accident / Domestic Fall ) / Suicidal Etc.,**

**Ans.**

**10. Any P/H/O Stroke / Paralysis / Neurological ailment noted / MI-CAD? Since when? Ans.**

**11. Any H/O HTN / DM / Heart disease / Major medical illness / Surgery noted? Since when?**

**Ans.**

**12. Had {pname} ever suffered with Cancer / Myocardial Infarction / End Stage Kidney Disease / Stroke / Paralysis / Multiple Sclerosis in the past? Ans.**

**13. Had he** **ever undergone Major organ transplant / CABG / Heart valve surgery?**

**Ans.**

**Answers given by me for above mention questions are true to best of my knowledge.**

**Signature & Stamp :**

**Name : Date :**