**{iname}**

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

**Query to treating doctor**

Doctor kindly fill in the necessary details needed so as to help us process the claim of your Patient at the earliest.

1. Doctor, how long do you know {pname}?
2. When did she consulted you for the first time and for what complaints? Since when was she suffering from the problem?
3. What was the final diagnosis?
4. What were the investigations done to arrive this diagnosis?
5. What was the line of treatment given?
6. Since when is she married? How many kids does she have?
7. What were the indications for doing the surgical procedure of Hystero-Laparoscopy?
8. Can we consider this treatment as a measure to retain the pregnancy in future?
9. What was the possible outcome expected in this case after this surgery?
10. Is she any medical advise for pregnancy under You/Outside? If so, please provide the details.

Doctor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**{iname}**

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

1. Has the patient been diagnosed/treated in the past for Primary/Secondary Infertility?
2. In the discharge summary the patient was adviced to come for review during D1/D2 of mensus. Kindly clarify the purpose?
3. In the discharge summary Folic Acid tablet was prescribed and mentioned as **non stop till delivery.** Kindly clarify whether the patient is in her Antenatal period or trying to get conceive
4. Kindly provide the date of first registration of the patient.
5. Kindly provide a copy of all the consultation papers, investigation reports, OPD/IPD treatment records from the date of first registration.

**Note: Kindly provide a copy of Local Body Registeration, IPD and OPD Register/Records**

**Date :**

**Doctor's name : Doctor seal and signature**

***Doctor please provide a copy of the case sheet and the relevant OPD documents and the hospital tariff sheet for claim processing.***

***Please note: As per the Code of Medical Ethics Regulations, 2002 1.3.2 , if any request is made for medical records either by the patient/attendant/legal authorities involved, the document shall be issued within 72 hours.***