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

1. Since how long you know {pname}**?**
2. Doctor what were the complaints presented by {pname}to you during his admission/Consultation ?
3. Has he been treated by you for the same/other complaints in OPD before this admission? If so what was the treatment given in OPD.
4. What was the final diagnosis arrived ?
5. Please mention about the investigations done to arrive at this diagnosis?
6. Doctor, what was the line of treatment given for this patient?
7. Kindly mention the date and time of admission and discharge.

Date of admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_

Date of discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_

1. What was the final bill amount paid by this patient? Please provide the copy of same.

**Doctor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor seal and Signature**

1. Please mention about the class of accommodation and Room rent

Class of accommodation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room rent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many beds, rooms ,OT are there in your hospital?Kindly specify.
2. Please clarify does your hospital has in-house lab and pharmacy?
3. Doctor, is he suffering any other comorbidities like DM / SHT / TB / BA / CAD etc.,? IF so please mention the details with exact duration

**Note: Kindly provide a copy of local body registration certificate, IPD Nominal Register,etc.**

**Date : Doctor seal and signature**

**Doctor's name :**

***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***