Without Prejudice

HOSPITALISATION CLAIM FORM

Issuance of this form does not amount to admission of any liability under the claim on the part of the insurers

Patient Information		**Policy Holder information**	
Card ID		Name	
Name		Address	
age			
Relationship to Insured		Insurer	
Contact no		Policy no	
Member covered since		Period	to
Hospital / Provider name			
Provider code			

Information on Illness / Injury and Treatment

Ailment / injury for which the member was treated			
Date of admission		Time of admission	AM / PM
Date of discharge		Time of discharge	AM / PM
Principal Diagnosis			
Other Diagnosis			
Medico legal	Yes / No	Road Accident	Yes / No
Disease code (ICD)		First occurrence (Patient known to have this condition since)	
Line of Treatment (Procedure done)			
Procedure code (CPT)			
Treating doctor details	Name:	Phone no:	
	Qualification:	Regn no:	

Treatment cost details:

S No	Service description	Amount charged	Discount	Net amount	Patient paid amount	Balance due	Remarks
1	Room Charges						
2	ICU/CCU/Nursery Charges						
3	Doctor's Fee						
4	Lab Investigation						
5	Radiology						
6	Other Investigation						
7	Special Procedure						
8	Pharmacy Service						
9	OT/ Labour Room Service						
10	Others (Pl specify)						
	Total amount claimed						

UNDERTAKING BY THE PATIENT:

I hereby warrant the truth of the foregoing particulars in every respect& I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the expenses shall be absolutely forfeited.

I also authorize the hospital/provider to submit the attested Indoor Case Papers (Case sheets) and any other documents/information related to my treatment to I-Care if asked for.

I further declare that in respect of the above treatment no benefits are admissible under any other Medical Scheme or Insurance.

Provider Representative
Name:
Date:

Signature:

Policy Holder/Patient
Name:
Date:

Signature:

Enclosures to be attached (Please Tick)

- ☐ If Surgery is involved, Surgery bills with Receipt
- ☐ Medicine bills with prescriptions
- ☐ OT Pharmacy Bills
- ☐ Others
- ☐ Discharge Summary
- ☐ Hospitalization Bills with breakups
- ☐ Investigation Reports
- ☐ Pre authorisation / First Admission Report
- ☐ Consultation bills with Receipt
- ☐ Service line Information
- ☐ Comments/Remarks