भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Hospital Treatment Form

For Health Insurance Policies **PART ' B'**

(To be filled in by the Hospital)

(If treatment from more than one hospital, forms from all the hospitals duly filled in are to be submitted.

If admission to ICU is for more than one spell, details of such different admissions to be given separately)

Name of the Patient			
Age		Sex	
In Patient No.			
Date of Admission in hospital		Time of admission	
Date of Discharge from hospital		Time of discharge	
Date of Admission in ICU		Time of admission in ICU	
Date of Discharge from ICU		Time of discharge from ICU	
Name of Attending Doctor / Surgeon			
Diagnosis			
Whether the present ailment/disease is a complication of any pre-existing condition that the patient is suffering from?			
Past illness/ailment/disease history/ duration & diagnosis			
If yes, please specify the disease/ailment (or) complication of any previous Surgery and the onset of date of the disease.			
Is the disease/ ailment/ disorder congenital in nature?			
Brief description of the treatment given for present hospitalization			
a) Nature of Surgery performed and Duration of surgery b) Specify the details of surgery (laser, detailed procedure, any other modern technical incision)			
In case of Accident cases/RTA , whether a) under the influence of Alcohol b) Medico Legal case c) FIR lodged			

Hospital Details

Name of the Hospital	
Hospital Registration. No.	
No. of in-patient beds in the Hospital	

Whether the hospital is having		
A fully equipped Operation Theatre	Yes	NO
ICU Unit	Yes	NO
Qualified nurses Round the clock	Yes	NO
Qualified doctors round the clock	Yes	NO

Space for pasting the photo copy of the Health ID card of the Person hospitalized for treatment

A Clear Copy of the Photo ID card of the Patient needs to be affixed here and is to be ATTESTED by the Hospital

Procedure where the ID Card is lost or misplaced

If the Health ID card is not available, affix a copy of the latest passport size photograph of the person hospitalized, and get it attested by the hospital

Note: Apply to LIC Office for a 'Duplicate Photo ID Card" later.

Certificate

This is to certify that Sri./ Smt./ Kum._____

whose ID card/photo is pasted as above has undergone hospitalization treatment/surgical procedure as per details given above.

We hereby confirm the particulars of treatment furnished by the claimant in the claim form are true.

Place: **Signature of the Doctor / Hospital Authorities**
Date :

Hospital Seal

(Issuance of this Claim Form does not tantamount to acceptance of Liability by the Insurer)