

Hospitalization Claim Follow-Up Document

Patient Information

Patient Name

Full Name

Patient ID / Policy No.

ID or Policy Number

Date of Birth

Contact Number

Phone Number

Email Address

Email

Claim Details

Claim Reference No.

Claim Number

Date of Admission

Date of Discharge

Hospital Name

Hospital Name

Hospital Address

Address

Follow-Up Status

Date	Mode of Follow-Up	Status/Remarks
	Phone/Email/Visit	Status or Remarks
	Phone/Email/Visit	Status or Remarks

Additional Notes

Enter any additional notes

Followed-up By

Name

Date