

Hospitalization Summary for Insurance Claim

Patient Details

Patient Name:

Age / Gender:

Patient ID / MRN:

Contact Number:

Insurance Policy No.:

Hospitalization Details

Hospital Name:

Hospital Address:

Admission Date & Time:

Discharge Date & Time:

Duration of Stay:

Treating Doctor(s):

Diagnosis & Reason for Admission

Primary Diagnosis:

Secondary Diagnosis:

Presenting Complaints:

Relevant Findings:

Hospitalization Course

Summary of Treatment:

Procedures / Surgeries
Performed:

Medications Given:

ICU Stay Details:

Investigations:

Discharge Details

Condition at Discharge:

Advice on Discharge:

Follow Up Plan:

Declaration

I hereby certify that the above information is true and correct to the best of my knowledge.

Treating Doctorâ€™s Signature

Name:

Registration No.:

Hospital Stamp & Date