

# 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:

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Advice on Discharge:

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Follow Up Plan:

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## Declaration

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

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Treating Doctor's Signature

Name:

Registration No.:

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Hospital Stamp & Date