



THC000101

**Hospital Treatment Form: (Form-H)****Important Information:**

1. This form is to be completed by the authorities at all the hospitals where the patient (Life Assured) was hospitalized
2. Please attach the patient admission sheet, investigations, history sheet, treatment records along with this form
3. One form is to be filled up per hospital/ nursing home

Please provide the following information based on the medical records and annex supporting documents

**Policy no(s)** \_\_\_\_\_

- Name of the Patient/ Life Assured \_\_\_\_\_
- Age \_\_\_\_\_ years, Any mark of identification? \_\_\_\_\_
- Date and Time of admission        /        /        ;        :        (a.m. / p.m. ) Admission no. \_\_\_\_\_
- Was the patient (Life Assured) referred by any doctor/ hospital Yes    No  
If yes, then provide with the name and address \_\_\_\_\_  
\_\_\_\_\_ Contact no. \_\_\_\_\_
- What were the complaints/ condition of the patient (Life Assured) at the time of admission  
\_\_\_\_\_  
\_\_\_\_\_
- What was the exact nature and duration of the illness suffered by the patient (Life Assured)? (Please enclose admission notes)  
\_\_\_\_\_
- Was the history of illness reported by the patient himself? Yes    No  
If no, then by whom the history was reported \_\_\_\_\_
- Name of the doctor who recorded the history with qualification \_\_\_\_\_
- Did the patient (Life Assured) suffer from any past ailment as disclosed at the time of admission? Yes    No  
If yes, then provide details of the nature of the ailment and its duration: \_\_\_\_\_  
\_\_\_\_\_  
(\*Annex supporting documents)
- What was the diagnosis made at the hospital \_\_\_\_\_  
\_\_\_\_\_
- What were the tests/ investigations undergone by the patient (Life Assured) at the hospital to confirm the diagnosis? (Please attach separate sheets if required) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- When was the diagnosis confirmed at the hospital?  
\_\_\_\_\_

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDA Regn. No. 136)

Orchid Business Park, 2nd Floor, Sector – 48, Sohna Road, Gurugram – 122018, Haryana, India Regd Office :

Unit No.208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, India, Corporate Identification No.-

U66010DL2007PLC248825, Contact 1800-180-0003, 1800-103-0003 (Tel)/ +91 0124 4535099 (Fax)/ Email : customerservice@canarahsbclife.in,

Website : www.canarahsbclife.com



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xi. What was the treatment given to the patient (Life Assured) during the hospitalization?

\_\_\_\_\_

\_\_\_\_\_

xii. Was/ were there any other contributory illnesses/ chronic ailments suffered by the patient (Life Assured) that existed at the time of admission? Yes No

If yes, detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

xiii. What was the date of discharge from the hospital? / /

xiv. What was the condition of the patient (Life Assured) at the time discharge?

\_\_\_\_\_

\_\_\_\_\_

xv. Was the patient (Life Assured) treated at the hospital at any other occasion as an out-patient or inpatient? Yes No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

xvi. Was the patient (Life Assured) treated by any other medical practitioner/hospital during the past 3 years? Yes No

If yes then provide the details:

Name	Address	Contact No.

Certified that the above information is correct as per hospital records:

Date: / / Place \_\_\_\_\_ Signature: \_\_\_\_\_

Name and Designation of the Doctor: \_\_\_\_\_

Qualifications and Registration number of the Doctor: \_\_\_\_\_

Name of the Hospital: \_\_\_\_\_

Registration Number of the Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Seal / Stamp of the Hospital:

**(Mandatory)**

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