



IME Life Insurance Company Limited

Hathway Complex, Lainchour-26, Kathmandu, Nepal

Phone No:4024071,Fax No:4024075

Certificate of Hospital Treatment

In connection with claim under policy No..... on the life of.....
(Insert Full Name of Decease)

<p>1. What was the full name, age, address, and occupation of the patient as per Hospital records?</p> <p>a) Name</p> <p>b) Age</p> <p>c) Address</p> <p>d) Occupation</p> <p>e) Identification Marks</p>	<p>1)</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>
<p>2. What was the date of his admission into the Hospital? Please state his indoor admission into the Hospital?</p>	<p>2)</p> <p>.....</p>
<p>3. Under whose treatment was the patient before he was admitted into the hospital? If the patient had brought a letter or a note from any Doctor at the time of admission kindly furnish us with a certified copy thereof.</p>	<p>3)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4. What were the nature of his complaints and the duration of the complaint as reported by him, at the time of admission?</p>	<p>4)</p> <p>.....</p> <p>.....</p>
<p>5. a) What was the exact history reported by the patient at the time of admission? (Full history including the dates, duration of the ailments, the symptoms narrated etc. to be given)</p> <p>b. i. Was the history reported by the patient himself or by someone else?</p> <p>ii. If not, by whom? (Name and relationship of the person who reported it) was the patient himself or by someone else?</p> <p>iii. To whom was the history reported & by whom it was record.</p> <p>iv. Whether the doctor who records the history is still in your service? If not please state his/her full address.</p>	<p>5)</p> <p>a.</p> <p>b.</p> <p>I.</p> <p>II.</p> <p>III.</p> <p>IV.</p>

Note: Certified copy of the full history may please be furnished

<p>6. What are the diagnosis arrived at in the hospital?</p>	<p>6.....</p>
<p>7. Was there any other disease or illness, which preceded or co-existed with the ailment at the time of the patient's admission into the hospital? If so what was it? Please give details stating.</p> <p>a) History Reported b) Date when such was first observed by patient? c) By whom treated. d) Who reported the history? (If not by the patient himself/herself, please indicated if it was in his/her presence and to his/her knowledge) e) Who recorded this history? (If the Doctor is not with the hospital at present, please give his/her present address</p>	<p>7.</p> <p>a. b. c. d. e.</p>
<p>8. What was his/her discharge from hospital?</p>	<p>8.....</p>
<p>9. What was his/her condition when he/she was discharge?</p>	<p>9.....</p>
<p>10 Was he/she treated in this hospital or any other hospital on any previous occasion either as an inpatient or an outpatient?</p> <p>a) Date of 1st admission or first-time treatment as an outpatient b) Date of discharge and condition on discharge c) Nature of ailment d) History reported at the time of admission</p>	<p>10.....</p> <p>a) b) c) d)</p>

Certified that the above information is correct as per records of the hospital.

Authorized Signatory

Name

Date:

Qualification.....

Name of Hospital.....

Postal Address.....