



# IME Life Insurance Company Limited

Hathway Complex, Lainchour-26, Kathmandu, Nepal

Phone No.: 01-4024071

## Certificate of Hospital Treatment

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

1) Please provide details of the patient as in the Hospital records? a) Name b) Age c) Address d) Identification Marks (if any)	a. .... b. .... c. .... d. ....
2) When did the patient make the 1 <sup>st</sup> visit to the Hospital? Was the patient ever admitted to the hospital or visited only in OPD?	..... ..... .....
3) Were you the patient's usual medical attendant? (If yes, for how long? If no, please state the name and address of his usual medical attendant.)	..... ..... .....
4) What were the chief complaints reported at the time of admission? Please mention the duration of the complaints.	..... ..... .....
5) Was the patient referred to you from other hospital? Please provide the name of the hospital and the doctor referring the case.	..... ..... .....
6) What were the diagnosis like at the hospital? • Provisional Diagnosis • Final Diagnosis	..... ..... .....
7) What was the exact history reported by the patient at the time of admission? Please provide the full history including the dates, duration of the ailments, the symptoms narrated etc.	..... ..... ..... .....

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

<p>8) A) Who reported the history, (i) patient, (ii) other <i>(Mention the name and relation with the patient)</i></p> <p>B) Who recorded the history?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>9) What other disease or illness preceded/co-existed with the disease at the time of patient's admission into the hospital? Give history of such disease or illness stating:</p> <p>a) Date when first observed</p> <p>b) Age of the disease</p> <p>c) Treated by</p> <p>d) History reported by</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>a. ....</p> <p>b. ....</p> <p>c. ....</p> <p>d. ....</p>
<p>10) When was the patient discharged from the hospital? Please mention his/her condition at the time of discharge.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>11) Do you have any other information or remarks to make in connection with this claim concerning the patient's ailments, habits, mode of living, etc.</p>	<p>.....</p> <p>.....</p> <p>.....</p>

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

Authorized Signatory  
 Name: .....  
 Date: .....  
 Qualification: .....  
 NMC No.: .....

