SBI Life
Apne liye. Apno ke liye.

WITHOUT PREJUDICE

CRITICAL ILLNESS CLAIM FORM FILLED BY DOCTOR

(TO BE FILLED BY THE DOCTOR)

Policy Number(s):

Name of the Life Assured:

Date of Birth: D D M M Y Y Y Y Occupation:

Address:

Post Code:

Please complete the following details: -
(If space provided in the box is inadequate, kindly attach annexure.)

1. Are you the patient's usual doctor? If yes, how long had you known the Patient?

2. Date of onset of the condition: D D M M Y Y Y Y

3. What is the present stage of Critical Illness?

4. Details of diagnosis;

5. Please give the following details of the tests conducted during the investigations:

Investigation and Surgery	Date on which Performed	Results
a. ECG		
b. X – Ray		
c. Sonography/CT Scan/MRI		
d. Biopsy / FNAC / PAP smear		
e. Blood Report		
f. Angiography Report		
g. Any other test/surgery (please specify)		

Kindly submit the original reports of the above investigations and Histopathology Reports/IHC Operating Surgeon's report, Consultant's reports, all blood test reports, Hospital discharge summary, all follow up reports and any other reports available with you to our Senior Medical Officer. The reports will be returned to you promptly.

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6. Has there been any previous disease or other conditions: _____

7.a Date of Commencement of Treatment: D D M M Y Y Y Y

7.b Details of Treatment / Surgery: _____

_____

_____

_____

8. Name and Address of the Hospital where the surgery was performed

8.a Hospital Details :

Name of the Hospital:

Address:

Telephone Number:

I.P.No. : Date of Admission: D D M M Y Y Y Y Date of Discharge: D D M M Y Y Y Y

8.b Operating Surgeon Details

Name of the Operating Surgeon:

Address:

Telephone Number:

8.c Any Specialist/Hospital referred:

Name of the Specialist/Hospital:

Address:

Telephone Number:

9. Additional Information

Signature of Medical Attendant and Hospital Stamp

Address of the Hospital : _____

_____

_____

_____

_____

_____

Registration No:

Qualification: _____

Designation: _____

Place: _____

Date: D D M M Y Y Y Y

Telephone No.: