SBI Life INSURANCE
With Us, You're Sure

Hospital Cash Treating Doctor's Certificate

Insured Member's recent photograph

Without Prejudice

SBI Life Insurance Company Ltd
Hospital cum Treating Doctor's Certificate

'Part – A' Insured Members Hospitalization Details

Name of the Patient (Insured Member):

Age of the Patient : Occupation:

Address as per Hospital records:

IP NO: Total No of days of Hospitalization :

In Non-ICU Date and time of admission : Date and time of discharge:

In ICU Date and time of admission : Date and time of discharge:

Exact History reported by the patient at the time of admission:

*Did the patient take treatment earlier in the Hospital? If yes please provide treatment details:

***If the space provided is not sufficient for exact history or previous treatment details, please attach sheet.**

'Part – B' Treating Doctor and Hospital's Details

Name of the treating Doctor:

Address of the Hospital :

Telephone number: Email ID :

Registration Number of the Hospital : Number of beds in the hospital:

Date of Registration: Valid Upto: D D M M Y Y Y Y

Tick what is applicable (✓)

Fully equipped operation theatre available	☐ Yes	☐ No
Fully qualified nursing staff under employment 24 hours per day	☐ Yes	☐ No
Supervised by a fully qualified physician 24 hours per day	☐ Yes	☐ No
Daily record for hospital patients maintained	☐ Yes	☐ No
Hospital is registered for allopathic treatment	☐ Yes	☐ No

Certified that the above Insured Member was undergoing treatment in our hospital and the above information is based on the records maintained in the Register No: _____ Entry No _____ dated _____.

Date: D D M M Y Y Y Y

Signature

Name of the Doctor:

Stamp of the Hospital