

1.2. INFORMATIVE FORM FOR IN PATIENT TREATMENT (To be completed by the treating doctor/surgeon)

GENERAL	NAME OF PATIENT		TYPE OF MEDICAL CONDITION PATHOLOGICAL <input type="checkbox"/> SURGICAL <input type="checkbox"/> ORTHOPEDICS <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CHEMOTHERAPY <input type="checkbox"/> SHORT THERAPY <input type="checkbox"/> RADIOTHERAPY <input type="checkbox"/> OTHER: _____
	ADMISSION OR START DATE OF TREATMENT		
	PLACE OF TREATMENT	<input type="radio"/> ADMISSION <input type="radio"/> EMERGENCY CONDITION <input type="radio"/> CONSULTING ROOM <input type="radio"/> SURGERY FOR ONE DAY <input type="radio"/> OTHER: _____	

TREATMENT	CAUSE OF ADMISSION/TREATMENT (Diagnosis or differential diagnosis – NOT symptoms: see below)	
	IMPORTANT CLINIC-LABORATORY FINDINGS OR THE MAIN SYMPTOMS THAT NEED TREATMENT	

HISTORY	HISTORY OF PRESENT CONDITION (Time of occurrence of main symptoms or illness or condition)	
	PREVIOUS HISTORY OF PATIENT	

MEDICAL ACTIONS	POSSIBLE OR FORECASTED TREATMENT OF THE CONDITION	
	DIAGNOSIS	TREATMENT

NECESSITY OF ADMISSION (Fill in only if admission needed)	
➤ CAN YOU TREAT THE PATIENT WITHOUT THE NEED OF ADMISSION/IN-PATIENT TREATMENT? YES..... NO.....	
➤ IF NO GIVE THE FACTORS THAT DICTATE ADMISSION	ATTENTION: NON COMPLETION OF THE FACTORS RESULTING IN ADMISSION WILL LEAD TO THEM BEING CONSIDERED AS NON-EXISTING. PLEASE ENSURE THIS SECTION IS COMPLETED.
1. _____	
2. _____	
3. _____	

TIME PREDICTED/NEEDED FOR THE TREATMENT (FOR IMPLEMENTATION OF THE NECESSARY MEDICAL ACTIONS):	
ESTIMATED COST OF TREATMENT (OR DOCTOR'S FEES):	

DOCTOR	DOCTOR'S DETAILS		
	NAME		TREATING DOCTOR
	SPECIALTY	SIGNATURE	ASSISTANT TREATING DOCTOR
	TELEPHONE		INTRODUCING DOCTOR
	FAX	DATE	OTHER
	E-MAIL		

Warning: All supporting documentation (originals) must be provided along with the claim forms

Supporting Documentation for in-patient treatment

1. Claim forms (fully completed) 2. Payment settlement 3. Discharge note 4. Medical Expert's Advice 5. Operating theater records (If applicable) 6. Laboratory tests/analysis's outcomes (If applicable) 7. Medical history/Doctor's reports 8. Medicines Card 9. Vitals Card 10. Medical & Nursing instructions card 11. Ambulance charge (If applicable) 12. Anesthesiologist's fees 13. Assistant surgeon's fees 14. Doctor's fees	15. Histological examination (If applicable) 16. M.R.I. (If applicable) 17. X-RAYS (If applicable) 18. E.C.G. (If applicable) 19. CT SCANS (If applicable) 20. Blood tests or Urine tests (If applicable) 21. Biopsy (If applicable) 22. Physiotherapy (If applicable) 23. Hospital/Clinic/Doctors invoices 24. Affirmation of contribution by any Fund or Organization (If applicable) 25. Consumables invoice 26. Medicines invoices 27. Receipts of payments (If applicable)
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