| - IIIGU | -TOKIO | | | | | | | IFFC | о то | | LAIM F | | | | ANY | LIMIT | ED | | | | | | | | | | | Annexu | lie - III |
|--|---|--|--|--|--|---------------------------|---------------------------------|---|--|-----------|---|--|--|--|------------------|---|--|--|--|---|-------------------------------------|------------------|-------------------------------|----------|---------|--------|--------|--------|-----------|
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| Muskura | ite Rai | ho | | | | | Plea | ise inc | ude th | ne orig | inal prea | | ation re | | orm in | lieu of | f PAR | ΤA | | | | | | | | | | | |
| | 🗖 | <u> </u> | | | | | | | | | DETA | | HUSPI | | | | | | | 1 | | | 1 | | | Τ | | | |
| a) Name of the Hospi | tal: | | | | | | | | _ | | | | | | | | | | | | | _ | | | | | | | |
| b) Hospital ID: | | _ | | | | | | c) | Туре | of Ho: | spital: | Netw | ork | \square | | Nor | n Netw | ork | - | | (lf | non ne | etwor | k fill s | ectior | ו E) | | | |
| d) Name of the treating | ng doctor: | | | | | | | | | | | + | | | - | + | | | | | | | | | _ | + | | _ | + + |
| e) Qualification: | | | | | | f) Re | egistra | ation N | o. with | n State | e Code: | | | | | | | | g) Pho | ne N | NO. | | | | | | | | |
| | | | | | | | | | | DETA | LS OF 1 | THE PA | TIENT | | FED: | | | | | | | | | | | | | | |
| a) Name of the Patier | nt: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) IP Registration Nu | | | | | | | 1 | c) | Gende | er: | Fe | male | d) | Age: Y | ears | Y | Y | mor | ths | Л | M | e) D |)ate c | f birth | | D | D | V N | |
| f) Date of Admission: | | D | М | M | ~ | ~ | | Time: | | н | · M | M | | Date of | | arae. | D | | | | M | v | V | 1 | Time: | | н н | | M |
| j) Type of Admission: | Emergeno | v | Pla | inned | | D | ay Ca | | | Matern | ity. | k) | | nity i. | | - | | | DI | 2 | M | | ~ | | ivida S | | | | |
| I) Status at time of dis | - | | harge | | | | 1 | | | | er hospi | - r | mater | Decea | | | | L | | - | laimer | d Amou | int: | Rs. | | naius | | | |
| i) Status at time of dis | scharge. | Disc | narge | | ille | | | DISCIL | iye lo | anou | er nospi | lai | | Decea | iseu | | | | 111) 101 | arc | anne | AIIIO | | R5. | | | | | |
| | | 100 | | | | 11 | | | | | OF AILM | IENT D | | SED (PI | RIMA | RY) | | | 100.4 | | | | | 1 | | | | | |
| a) i. Primary Diagnosis: | | | 10 Cod | les | | $\neg \parallel$ | | | Desc | ription | | | b) i. Proc | edure 1: | | | | | ICD 1 | 10 C | odes | | | | | L | Descri | ption | |
| , , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Additional Diagnos | is: | | | | | | | | | | | | ii. Pro | edure 2 | | | | | | | | | | | | | | | |
| - | <u> </u> | | | | | | | | | - | | | | | | | | | | | | | | | | | | | |
| iii. Co-morbidities: | | | | | | | | | | | | $\exists \parallel$ | iii. Pro | cedure 3 | 8: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | | | | | | | | | | | | | | | | |
| iv. Co-morbidities: | | | | | | | \vdash | | | | | $-\parallel$ | iv. Det | ails of P | roced | ure: | \vdash | | | | | | | | | | | | |
| c) Present ailment is | a complicatio | n of PEC | ? | | Yes | | h | No | (If) | Yes, s | pecity de | etails) | | | | | | | | | | | | | | | | | |
| d) Pre-authorization of | | | | L | | | Yes | Γ | No | | | | horizati | on Num | hor [.] | Γ | | | | | | | [| | | | | | |
| | | tal not al | tainad | L aiva | | | 1100 | | 140 | | 6) | i ic-aut | nonzau | , in the second second | Der. | | | | | _ | | _ | | | | | | | |
| f) If authorization by r | Г | | laineo | | | | L | | 0.0 | lf-inflic | tod | Deed | Troffic | Assiden | | | Cuba | tono | a ahua | | Joobol | | | | | | | | |
| g) Hospitalization due | _ | Yes | Ľ | | lo i. If | | | | | ٦ | | | | Accider | | 16 14 | | | e abus | | | consu | | | L. | Delle | . Г | | |
| ii. If Injury due to Substa | nce abuse / alc | ohol cons | umption | n. Test | Conduc | 7 | | | | Yes | NO | (If Ye | s, attac | n report | s) III. | If Med | dico le | gal: | |) | 'es | NO | IV. H | leport | ed to | Polic | e: | Ye | es N |
| v. FIR no. | | | | | | | | | ortod | to noli | | rooon | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | VI. IT | not rep | | | ce give | | _ | | | | | | | | | | | | | | | | |
| | | | | | | 1 | VI. IT | not rep | | | ce give | | _ | D - CHI | ECK I | IST | | | | | | | | | | | | | |
| | | laim Fo | rm dul | y sig | ned | J | VI. IT | not rep | | | | | _ | D - CHE | | 1 | vestig | ation | report | ts | | | | | | | | | |
| | | laim Fo | | | | _ | | not rep | | | | | _ | D - CHE | |] In | | | | | estigat | ion re | ports | | | | | | |
| | | | re-aut | thoriz | ation r | eque | st | | CLAI | | | | _ | D - CHE | |] In] C ⁻ | T/MR/ | USG | /HPE | inve | | ion re vestig | | | | | | | |
| | | riginal F | ^p re-aut he Pre | thoriz auth | ation r | eque | st | al lette | CLAI | M DO | | | _ | D - CHE | |] In] C ⁻] D(| T/MR/ | USG | /HPE | inve | | | | | | | | | |
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