



DEDICATED ADMINISTRATION SERVICES PVT. LTD.

No. 46/1/3, Narahenpita Road, 3rd Floor, Nawala 11222, Srilanka

Annexure-A: To be filled up by the hospital authority where treatment has been taken by the Insured

Name of the hospital _____

Address _____

Name of the insured admitted _____

No of IPD beds _____

Admission date __/__/____

Time __:__ AM/PM

Discharge date __/__/____

Time __:__ AM/PM

Admission type-Planned/Emergency/ Referred from other institution

Name of the treating doctor _____ IP registration no _____

Primary Diagnosis _____ ICD 10 code _____

Comorbidities _____

Procedure done _____

-----**Declaration by the hospital**-----

We hereby declare that information we have provided is true and correct to best of our knowledge.

Date: __/__/____

(Signature of the authorised signatory)