



SHAHEEN INSURANCE COMPANY LIMITED

Joint Venture Of Shaheen Foundation-PAF, Hollard Insurance and FCSC

H.No.46, Khayaban-e-Suharwady, Islamabad P.O Box No: 44000

UAN: (92-51)111-765-111 Fax.No: 92-51-2829515



HOSPITALIZATION INTIMATION FORM

Attn: The Chief Medical Officer,
Shaheen Insurance Company Limited,
Islamabad.

From: Name of Client/Company/Hospital: _____
Contact Person: _____
Telephone No: _____ Fax No: _____ Mobile No: _____

Patient's Name: _____

Employee's Name (If patient is dependent): _____

Relation with the Employee (If patient is dependent): _____

Organization/Company Name (If Applicable): _____

Shaheen ID No: _____

Cause for Hospitalization: _____

Expected Stay (In days): _____

Type of Treatment (Tick One): 1. Emergency 2. Medicine 3. Surgery 4. Maternity

Treating Doctor's Name: _____

Treating Doctor's Provisional Diagnosis: _____

Type of Surgery - in medical terminology (If Applicable): _____

Estimated Cost of Treatment (Attach break-up detail of estimate): Rs _____ /- (Approx)

Provide the following details if the patient is already admitted:

Patient's Hospital Registration No: _____ **Room/Ward:** _____

Date of Admission: _____ **Time of Admission:** _____

Type of Admission (Tick One): 1. Direct 2. E/R 3. OPD 4. Referred Case of Hospital

NOTE: To avoid any delays, kindly fill in the form completely

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