

To

The Head,  
Medical Record Department,  
GMCH, Chandigarh.

Subject:- Request for filling of Insurance Form of C.R. No. \_\_\_\_\_ &  
IPD No. \_\_\_\_\_.

Sir,

Kindly fill insurance form of the C.R. No. \_\_\_\_\_. For this the  
necessary details are as under:-

1.	Patient Name	
2.	D/o, S/o, W/o	
3.	Correspondence Address	
4.	Phone No./ Mobile No.	
5.	Policy No.	

Thanking you.

Yours faithfully,

Dated:-

Signature \_\_\_\_\_

Name (in Block Letters) \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

**Note:- The following documents are required to be enclosed with this application:-**

1. Blank Insurance Claim Form alongwith Photocopy of Insurance Policy.
2. Discharge / Death Report
3. I.D. Proof of Nominee (s) with residence address.
4. Authorization letter/ NOC from Nominee (s), if he/she unable to come to collect the Insurance Claim Form.
5. I.D. Proof of Authorized Person with residence address