

Date : / /

This is to inform you that Mr. / Mrs. / Baby.....
Is admitted / going to be admitted in the hospital. The details of the insured member are as under :-

- Employee Name: Employee S.R.No.:
- Patient Name : Heritage ID Card No:
- Date of admission : Diagnosis:
- Hospital Name & Address
- Address with Contact No. of the Insured/Patient:

Thanking you,