Worksheet: Vhi hospital claim form

Date

Ref

Patient	Date of birth	MRN
Address		

Section 1, hospital admission

Admission date and time

Accommodation occupied, including ICU, CCU and NICU

Section 2 to 5, the patient

Policy details

Name and address of solicitor

Sections 6 to 11, the admitting consultant

Admitting consultant and referrer

Medical history

Diagnosis

Treatment section

Discharge status

Medical investigations and clinical indicator code