

**ATLAS INSURANCE LIMITED**

**HEALTH CLAIM INTIMATION**

<b>Policy No.</b>	
<b>Policy holder</b>	
<b>Contact Person</b>	
<b>Contact No.</b>	
<b>Email address</b>	
<b>Employee name</b>	
<b>Patient name and relationship with the employee</b>	
<b>Health Card No.</b>	
<b>Expected date of admission</b>	
<b>History of presenting illness (exact duration)</b>	
<b>Date of admission</b>	
<b>Hospital</b>	
<b>Expected length of stay</b>	
<b>Expected cost of the treatment</b>	