

SUVARNA AROGYA SURAKSHA TRUST

Hospital / Arogyamithra Daily patient Visit Chart

Hospital Name Location			
Arogyamitra/Hospital Representative Name		Pre-auth No.	
Date of Admission :	Date of Surgery :	Date of Discharge :	

Date of Visit	Visit Time	Food Provided	Any Complaints

To be filled During Discharge from Hospital

1. Free Food Provided during hospitalization (Yes/No) : _____
2. Rs. _____ was collected towards investigation charges and Rs. _____ amount refunded to patient.
3. Travel Allowance provided (Yes/No) : _____
4. Discharge Medicines provided(Yes/No) : _____
5. In case of death, ambulance facility provided (yes/No) : _____
6. Any Complaints / feedback:-

Signature of

Arogyamitra/ Hospital Representative

Patient/ Attender

SAMCO