



*Looking After Life*  
A Member of the Guardian Holdings Group

## GUARDIAN LIFE OF THE CARIBBEAN LIMITED EMPLOYEE BENEFITS DEPARTMENT PROVIDER HOSPITAL FORM

POLICYHOLDER: \_\_\_\_\_

INSURED: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_

REFERRED BY: (DOCTOR) \_\_\_\_\_

NAME OF ATTENDING PHYSICIAN: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

TREATMENT RENDERED: \_\_\_\_\_

**COST:** SURGERY: \_\_\_\_\_

ANAESTHESIA: \_\_\_\_\_

EMERGENCY: \_\_\_\_\_

CCU/ICU: \_\_\_\_\_

PRIVATE/SEMIPRIVATE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

INTRAVENOUS: \_\_\_\_\_

OXYGEN: \_\_\_\_\_

MEDICAL LABORATORY: \_\_\_\_\_

X-RAY: \_\_\_\_\_

E.C.G./CARDIAC: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

OTHER: \_\_\_\_\_

ANY OTHER INFORMATION: \_\_\_\_\_

AMOUNT CHARGED: \_\_\_\_\_ PATIENT CO-PAYMENT: \_\_\_\_\_ AMOUNT CLAIMED: \_\_\_\_\_

INSURED/ PATIENT'S SIGNATURE: \_\_\_\_\_

ATTENDING PHYSICIANS SIGNATURE: \_\_\_\_\_

HOSPITAL SIGNATURE: \_\_\_\_\_