

Hospitalization Information Format

Patient Information

Full Name:	John Doe
Age / Date of Birth:	45 / 02-Jan-1979
Gender:	Male
Patient ID / MRN:	12345678
Contact Number:	+1 234 567 8901
Address:	123 Main Street, Springfield

Hospital Admission Details

Hospital Name:	Springfield General Hospital
Admission Date & Time:	10-Apr-2024, 09:30 AM
Ward / Room No.:	Ward 3B / Room 12
Consulting Physician:	Dr. Sarah Smith
Reason for Admission:	Acute Appendicitis

Treatment Summary

Diagnosis:	Acute appendicitis, required surgical intervention
Treatment Provided:	Appendectomy performed on 11-Apr-2024
Current Condition:	Stable, recovering well
Expected Date of Discharge:	15-Apr-2024

Insurance & Billing Information

Policy Holder / Insurer:	ABC Health Insurance
Policy Number:	INS-987654321
Pre-authorization Status:	Approved
Estimated Total Cost:	\$5,800

Contact for Queries

Administrative Dept:	+1 234 567 8910
Email:	admissions@springfieldhospital.com

Important Notes

- This document serves as an official record of hospitalization and ongoing treatment.
- Patients should bring this form for all insurance and billing queries.
- Ensure all personal and admission details are accurate for smooth processing.
- Contact the administrative office for any discrepancy or urgent update regarding the patient information.
- Keep this document safe until the completion of all hospital and insurance formalities.