

PLUTUS HEALTH, 60 NEWPORT ROAD, CARDIFF, SOUTH WALES, CF24 0YG
Tel: 01633 266 152 Freephone: 0800 178 1179

HOSPITAL DAY SURGERY CERTIFICATE

N.B. THIS FORM IS **NOT** TO BE USED FOR OVERNIGHT ADMISSIONS.

IT IS THE RESPONSIBILITY OF THE CLAIMING MEMBER OR REPRESENTATIVE(S) TO ENSURE ALL SECTIONS OF THE FORM ARE CORRECTLY COMPLETED **BEFORE** SUBMITTING TO THE HOSPITAL FOR CONFIRMATION. PLEASE NOTE THAT CLAIM DETAILS MAY BE CHECKED WITH THE TREATING HOSPITAL PRIOR TO RELEASE OF PAYMENT.

HOSPITAL BENEFITS ARE PAID ON THE BASIS OF ONE ATTENDANCE PER HOSPITAL PER DAY.

Patient's full name:

Name of hospital:

Address:.....

Name of ward or dept:

.....

Date of procedure:

..... Post code

Description of procedure:

Telephone:

.....

Email:

.....

Date of birth:

.....

I confirm the above information is correct. **Signature of Member**.....

THIS FORM MUST BE STAMPED AND SIGNED BY THE ADMITTING HOSPITAL

**FOR HOSPITAL
STAFF USE ONLY**

HOSPITAL STAMP

Signed on behalf of hospital:

Position: