**PLUTUS HEALTH**, WHA House, Greenwood Close, Cardiff Gate Business Park, Cardiff, CF23 8RD Tel: 01633 266 152 Freephone: 0808 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 ward or dept:
Address:		Date of procedure:
		Description of procedure:
Post co	ode	
Telephone:		
Email:		
Date of birth:		
Name of hospital:		
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Signed on behalf of hospital: .....

FOR HOSPITAL
STAFF USE ONLY

**HOSPITAL STAMP**