AXA MANSARD
redefining / standards

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MONTHLY ENCOUNTER FORM

NAME OF HOSPITAL:

LOCATION:

MONTH:

NO. OF VISITS DURING THE MONTH:

S/NO.	DATE	ENROLLEE'S NAME	ENROLLEE'S COMPANY	MEMBERSHIP NO.	DIAGNOSIS	TREATMENT	PATIENT'S SIGNATURE

CODE:
A-Admission
R-Referred
Ip-Inpatient
Op-Outpatient

(Kindly use additional sheets of paper if required)

MEDICAL DIRECTOR'S SIGNATURE