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MEDICAL INSURANCE CLAIM FORM

- (N.B. 1. This form shall not be accepted unless fully completed and signed by both the doctor and the insured.
2.No admission of liability is made by insurer by the issue of this form.
3.To make a false claim is a criminal offence.

Name of Hospital/Provider: Tel & Fax No.....

Name of Employer:

Policy /Membership No.

Employee's Name: Mobile No.

Patient's Name: Date of Birth / Age:

Relationship to Employee: ID. No.

Are you insured under any other medical expense scheme e.g NHIF, Workmen's Compensation, Personal Accident included?,

If so, please give particulars:

I do hereby authorize any doctor, hospital, clinic or medical provider, institution or person who has medical records or information about me and / or my family members to provide my insurer with complete information including copies of records with reference to my illness or accident, any treatment, examination, advice or hospitalisation. I have also been advised by APA INSURANCE LTD and have understood the various exclusions. Any photocopy of this authorisation shall be taken as the original copy.

Signature of Member: Date:

TO BE FILLED BY DOCTOR

Final Diagnosis of condition treated:

When was the condition first diagnosed:

Details of previous treatment for this illness / injury:

SICKNESS

Cause of illness/es.....

Is the condition Recurrent, Chronic or Congenital?

Nature of treatment and given recommendations:

Does the patient require referral to a specialist? Yes / No.

If Yes, Name of ConsultantSpecialty

ACCIDENTS

I. Date of Accident..... Cause of Accident:

ii Nature of injuries.....

Private Doctors Fees:..... = Kshs

Prescribed Drugs =

Specialist, Pathologists, X-ray & Physiotherapy fees=

Total Claims.....=

I hereby confirm that the information provided above is correct and true to the best of my knowledge

Name of Doctor :

Telephone Number :

Doctor's Signature & stamp Date.....

Classes of Insurance

Health Insurance

Aviation

Vetcare Insurance

Motor Vehicle

Student Personal Accident

Money

Burglary

Flexpac

All Risks

Domestic Package

Fire & Perils

Marine Insurance

Engineering Insurance

Travel Insurance

Director's/Officer's Liability Insurance

Golfer's Insurance

General Cartage

Warehousing Liability

Carrier's Liability

Goods in Transit

Femina Plan

Contractor's All Risks

Erection All Risks

Computer Insurance

Workmen's Benefit Act (WIBA) Insurance