

MEDICAL EXPENSES CLAIM FORM

To avoid delay and unnecessary correspondence in the settlement of claim, please observe the following requirements:

1. Complete a separate claim form for each illness/accident in respect of each person in the scheme
2. The original detailed accounts and copy of prescription note must be attached to this form
3. Doctor's certificate must be completed by the MEDICAL ATTENDANT.
4. Ensure that all questions below are answered.
5. To be completed in duplicate if costs are on account. Copies to be left at the clinic and at the chemist to be forwarded to Liaison for processing.

A. PERSONAL DETAILS

Name of employer
 Name of the employee Patient's Tel.
 Name of the patient Member No.

B. MEDICAL INFORMATION (To be completed by the doctor/physician treating the patient)

Exact nature of illness
 Date consulted
 Nature of treatment
 In your opinion is this illness chronic or recurring?
 Any underlying conditions which could result this illness or injury?
 Was the patient referred to a specialist?..... provide details of specialist
 In case of accident injury provide details

C. CERTIFICATION BY MEDICAL PRACTITIONER

I certify that the statements above correspond with my specified treatment.
 Name and address of Doctor/Physician
 Qualifications
 Doctor's Signature Stamped

D. CLAIM VOUCHERS

Please attach all original receipts, invoices and copy of prescription notes relating to the claim and list below:
 Doctor's consultation KShs. Doctor's Stamp
 Drugs KShs.
 Lab & X-Ray Charges KShs. Chemist's Stamp
 Other Charges (Please specify Provider's Stamp

E. DECLARATION

I hereby declare that all particulars stated above are true and correct. That I have not withheld from Liaison Group (I.B) Ltd. any information relating to this claim. I have no objection to the Liaison Group (I.B) Ltd. and/or their representatives communicating with the Doctor/Physician or hospital, I have consulted or visited and shall submit to any medical examination(s) if so required by Liaison Group (I.B.) Limited.

Date Employee Signature

Liaison Healthcare Ltd
 Liaison House, State House Avenue P.O. Box 58013-00200, Nairobi, Kenya
 Tel: +254 703 071 111/100 Email: careteam@liaisongroup.net; callcentre@liaisongroup.net