

Medical Claim Form

Please ensure your claim form is fully completed and returned as soon as possible.
Please note that Fig Tree Blue is not responsible for any fees incurred in the completion of this form or any further information/documents required by us to assess a claim. The issuing of this claim form is in no way an admission of liability.

Policyholder	Policy Number
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For all out-patient claims under US\$150 per condition, please complete Section A, B and C and return the original receipt showing the written diagnosis from the doctor and a breakdown of costs. However, all sections must be completed IN FULL for hospitalization claims and all claims over US\$150. A referral letter from your Specialist should be attached when you are claiming for diagnostic tests or covered alternative Treatments.

PLEASE NOTE: A SEPARATE CLAIM FORM MUST BE COMPLETED FOR EACH CONDITION CLAIMED.

Section A – Personal Information

Surname	Address
First Name & Initials	
Date of Birth	E-mail
Home Telephone No.	Fax / Mobile

Do you hold any other insurance under which you could claim? If yes, please provide details on separate sheet Yes No

Section B – Claims Settlement

Original Currency	How do you wish settlement to be made?
Amount of Medication	<input type="checkbox"/> Cheque to Home Address <input type="checkbox"/> Cheque to Bank
Amount for Consultations	<input type="checkbox"/> Bank Transfer (not available in some countries)
Amount for Hospitalisation	Bank Details (Name, address, account number, bank code)
Amount for Other	
Total Amount Claimed	

Section C – Declaration

"I declare that all information, to the best of my knowledge, provided on this claim form is truthful and correct. I also understand that this declaration gives permission to FIG TREE Blue and their appointed representatives to approach any third party for information required to complete their assessment of this claim including, but not limited to, my current and previous Medical Practitioners."

"I declare and agree that the personal information collected or held by FIG TREE Blue, whether contained in this form or otherwise obtained may be used by FIG TREE Blue or disclosed or transferred to any organization within or outside Cambodia for the purpose to (1) assess this claim and to provide on-going insurance and customer services, (2) process and give effect to Credit Card Payment, (3) provide marketing materials in respect of insurance related services of FIG TREE Blue or its associated companies and (4) process claims or analyse the insurance."

Patient's Signature (if patient is under 18 years, parent or guardian must sign)

Date

Section D – Claims Information – to be wholly completed by the Medical Practitioner or Dentist as applicable

Condition requiring treatment	Has the condition been suffered from previously?
Underlying cause(s)	Please provide dates of previous consultations/treatment
How long has condition existed?	Please confirm the likely period of treatment
When were symptoms first apparent to the patient?	Please detail the medication / treatment prescribed or that will be prescribed
Address of referring doctor	
Please detail pathology performed and attach the results	
Date of first consultation with any Practitioner for this condition	Was the treatment in respect of an acute exacerbation of a chronic condition?
Will the patient require treatment outside the country of residence? If so please advise	Is this a routine check up? <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration – to be completed by the Medical Practitioner / Dentist

Name		Official Stamp	**IMPORTANT** - Please ensure 1- All original invoices and prescriptions are attached 2- The claim form is completed in full 3- The declarations are signed and dated 4- All laboratory test are attached 5- The diagnosis and underlying cause have been confirmed This will ensure that your claim is reviewed in a timely fashion.
Tel	Fax		
E-mail			
Address			
Signature	Date		