

When submitting your claim, this form must be attached along with the claim form and other supporting documents.

For NP: DHPO - mb.emergency@gig-gulf.com

Mem: intl@gig-gulf.com to confirm cover on consultation basis

Claiming: APP / Web

<b>Hospital name:</b>	<b>Contact no:</b>	<b>Date received:</b>
<b>Physician name:</b>	<b>Contact no:</b>	<b>No. of pages:</b>

 **Approval request for** (Please tick appropriate box)

In-patient   
  Daycare   
  Out-patient surgery   
  Physiotherapy   
  MRI/CT Scan   
  Dental   
  Maternity

Other, please specify:

 **Administrative section**

Company name:

DHA member no.:	Membership no.:	
Patient name:	Patient date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Policy/Group no:	Patient phone:	
Date of admission:	Date of discharge:	

In the case of emergency admission: (Details about Cause, Date, Place of accident)

 **Medical section**

<b>Symptoms presented</b>	<b>Please state the date when the patient first became aware of any signs or symptoms for this condition</b>	<b>Please state the date of when the patient first visited a doctor for this condition</b>
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Details of medical condition:

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Full details of proposed treatment/surgery:

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## Breakdown of treatment costs

Cost

Length of stay



## Other insurer's details (Please tick the appropriate box)

Is the treatment work related?  Yes  No

Is the treatment accident related?  Yes  No

Is it covered under another insurance policy?  Yes  No If 'yes' please give the name of the insurance company involved below.



## Patient declaration

I declare that I am the patient's medical practitioner, and that the details provided are to the best of my knowledge true and correct.

Signature

Stamp

Date:

If the cost of treatment or maximum stay approved by GIG are to be exceeded, further approval must be obtained before the patient's discharge. All unapproved charges are the responsibility of the patient and must be recovered by the hospital/clinic from the patient prior to discharge.