



EMERGENCY CLAIM FORM

Membership Number / Expiry Date

In accordance with the Health International Terms & Conditions, as stated in the Membership Guide Section 10, any Member visiting a medical facility for the purpose of EMERGENCY treatment is required to do the following:-

- A. NOTIFY THE REGIONAL OFFICE WITHIN 72 HOURS OF THE EVENT (by telephone / email / text / visit).
- B. COMPLETE THIS EMERGENCY CLAIM FORM AND SUBMIT TO THE CLAIMS DEPARTMENT (see details below).
- C. MEMBERS ARE REMINDED THAT SHOULD THIS CASUALTY VISIT BE A NON-EMERGENCY / OUT-PATIENT CLAIM, IT MAY BE DECLINED. IF YOU ARE UNSURE, KINDLY CALL THE CLAIMS DEPARTMENT ON THE FOLLOWING NUMBER +260 (0) 966 853 948.

Failure to comply with the above will lead to repudiation of the claim.

MEMBERS INFORMATION: (As Per Your Health International Membership Card)

Name of Principal Member:

Contact Telephone No: Mobile:

Full Name of Patient:

Patient Date of Birth: / /

Membership No: Membership Expiry Date:

COMPLETION OF THIS SECTION IS COMPULSORY:

REASON FOR EMERGENCY VISIT: Please Tick The Applicable Box ACCIDENT ILLNESS

DATE OF EMERGENCY: **TIME OF EMERGENCY:**

FULL DESCRIPTION OF THE EMERGENCY:

Name of Emergency Facility:

Name of Treating Doctor or Specialist:

(PLEASE INCLUDE CONTACT DETAILS IF AVAILABLE)

INVESTIGATIONS RELATED TO THE EMERGENCY:		
RADIOLOGY (X-RAY / MRI SCAN / C.T. SCAN ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PATHOLOGY (BLOODS / SPECIMEN URINE / STOOL ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Member's Signature _____ Date (DD / MM / YY) _____ Place: _____

I understand that Health International will collect and process my personal data as per Clause 9.10 of the Terms and Conditions.



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