EMERGENCY CLAIM FORM

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** (See numbers below).

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 NUMBER:	L/LINE:	CELL:
FULL NAME OF PATIENT:		
DATE OF BIRTH OF PATIENT:		
MEMBERSHIP NUMBER:		
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.)	☐ YES	☐ NO
PATHOLOGY (BLOODS / SPECIMEN URINE / STOOL ETC.)	☐ YES	☐ NO

MEMBER'S SIGNATURE: **DATE:** **PLACE:**

I understand that Health International will collect and process my personal data as per Clause 9.9 of the Terms and Conditions.

health INTERNATIONAL ZAMBIA LIMITED

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