



## INDEMNIFICATION FORM MEDICAL EXPENSES

Please read the instructions in the event of claim carefully (fill in your certificate number)

**ISIS CERTIFICATE no.** .....

**IMPORTANT!**

Claims for medical expenses can only be dealt with if the indemnification form is filled in completely and if it is accompanied by original bills.

**Name** .....

**Address in country of origin** .....

**Date on which illness started or accident took place** ...../...../.....

**Type of illness and/or accident** .....

**Temporary address abroad** .....

**Period of insurance** from ...../...../..... to ...../...../.....

**Period of travel** from ...../...../..... to ...../...../.....

**Date of birth** ...../...../.....

**Type of cover**

**THIS PART TO BE FILLED IN BY DOCTORS**

**Kind of illness and/or accident** .....

**Dates of visits:**

**to doctors** .....

**to chemists** .....

**Diagnosis** .....

**Recovered?**  yes  no

**Hospital treatment necessary?**  yes  no

**Ambulance used?**  yes  no

**Signature of doctor** .....

**THIS PART TO BE FILLED IN BY INSURED**

**Total claim amounting to (please indicate currency):** .....

**To be paid to**

**Name:** .....

**Address:** .....

**Bank account number:** .....

Are you insured for medical expenses elsewhere? (NHS/Private health insurance)  yes  no

With which insurer/national health scheme and under which policy number?: .....

Will you receive indemnification from above mentioned company?  yes  no

If not, why not? (attach written denial)

I declare that the information in this claim is correct and true.

Place: ..... Date: ...../...../.....

Signature of the insured .....



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