

Sections 5 and 6 are to be completed by the treating doctor unless the information is detailed in the supporting documentation (e.g. receipts or invoices).

5 Medical provider's details

Name of doctor/specialist																									
Qualifications/credentials																									
Name of hospital/clinic																									
Address																									
Phone number	COUNTRY CODE				AREA CODE																				
Fax number	COUNTRY CODE				AREA CODE																				
Email																									

Applicable to physiotherapy/psychotherapy claims only. Please provide full referral details:

Name of referring doctor																									
Phone number	COUNTRY CODE				AREA CODE																				
Date of referral	D	D	/	M	M	/	Y	Y	Y	Y															

6 Medical details

Indicate type of treatment received: Elective Emergency
Indicate type of condition: Acute Chronic Acute episode of chronic

Please provide full details of the symptoms or medical condition requiring treatment:

ICD9/10 code/DSM-IV

Details of the symptoms/medical condition

On what date did the patient first present these symptoms to you?

On what date would the first onset of symptoms have been apparent to the patient?

Has the patient suffered from this condition previously? Yes No

If Yes, when?

Are you aware of any treatment given for this or any related illness in the past? Yes No

If Yes, please provide details																									

Is it likely to re-occur? Yes No

Does it need rehabilitation? Yes No


Is it permanent? Yes No

Does it need long-term monitoring, consultations, check-ups, examinations or tests? Yes No

Applicable to dental treatment claims only:

Was the patient suffering from dental pain at the time he/she visited you for treatment? Yes No

Please sign and authenticate with an official stamp.

 Doctor's signature _____
Date

Official stamp of medical provider

7 We care about your personal data protection

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice visit: www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on 8000 155 (calling toll-free from within Qatar) or +974 4031 8444 (calling from within or outside of Qatar) to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail at:

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