

CLAIM FORM

Return this form together with original invoices / receipts to:
Sana Healthcare, GasanMamo Insurance, Msida Road, Gzira, GZR 1405, Malta.



Sana Healthcare is a brand of medical insurance that is owned, underwritten and operated by GasanMamo Insurance Ltd. Co. Register Number C.3143. GasanMamo Insurance Ltd. is authorised to carry on business of insurance regulated by the MFSA.

Please read carefully

Treatment must be on initial referral of your General Practitioner.

Please ensure that all sections of the claim form are fully completed in **BLOCK CAPITALS**.

Please ensure that you sign the section at the back of the form.

Before receiving any day or in-patient treatment you must always contact us.

If you have any queries please call customer care on (+356) 21 345123 or email sana@gasanmamo.com

Please complete a new/separate claim form:

- For each patient
- For each in-patient/day-case treatment
- For each medical condition

1 Policyholder/Patient details

Policyholder's Name & Surname		I.D. No.			
Patient's Name & Surname		I.D. No.			
Policy number	Group / Company name (if applicable)				
House name/ no.	Street				
Town	Postcode	Tel. No.			
Mobile No.	Email				
Have you previously claimed for this medical condition?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you covered for medical expenses under any other insurance policy?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

2 Medical examination

General Practitioner's details		General Practitioner's signature
Name		
Date	Tel. No.	
Details of medical condition and why the patient has been referred to a specialist:		
Specialist's/Therapist's details (patient has to be referred by the GP above)		Specialist's/Therapist's signature
Name		
Date	Tel. No.	
Diagnosis / Details of condition:		
Date symptoms first noticed by patient	Has the patient been treated for this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Treatment and/or prescribed drugs:		
Date of operation	Procedure code	
Hospital/Clinic details		Signature of Hospital Official
Name		
Admission date	Discharge date	

3 Declaration (To be signed by the patient)

In view of the declaration below it is essential that complete information is supplied.

It is Sana Healthcare's intention to provide a good service to our policyholder at all times. However, if you have any cause for dissatisfaction please write to the Managing Director, GasanMamo Insurance Limited, Msida Road, Gzira GZR1405. The law of Malta will apply to this contract unless you and us agree otherwise.

I understand that benefits may not be payable if I do not fully disclose any material facts which could influence Sana Healthcare's assessment and acceptance of my claim. I agree to disclose facts even when I am in doubt as to whether they are material and relevant.

Processing your data

I give explicit and unqualified consent to Sana Healthcare and/or GasanMamo Insurance Ltd. within the provisions of the Professional Secrecy Act 1994 and the Data Protection Act 2001 to obtain and make use of any personal information relating to myself and my dependants in order to allow Sana Healthcare to process this claim.

To the extent that the information supplied, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, I consent to the processing of such data for purposes of administering my proposal for insurance, my policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations. In addition, we may seek further information from any doctor, hospital, clinic, laboratory or any related practitioner to provide us with further medical information. This helps us to check the information provided. When you tell us about an incident which may or may not give rise to a claim, we may pass information relating to it to the Malta Insurance Association, other insurance companies, sub-agents, brokers, or medical advisers for the purpose shown in the declaration.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405.

Important - Please read

- . Claims payment may be delayed if all the sections of the form are not completed in full.
- . This form **MUST** be returned to us completed immediately following treatment or within three months of the treatment date.

Always enclose original invoices and receipts – photocopies and credit vouchers are not acceptable.

I declare that to the best of my knowledge and belief, the information given on this form is true and complete. I understand and accept that in the event of this claim form being fraudulent in whole or in part, the policy may be invalidated.

Patient's signature/Parent or guardian's signature if the patient is under 16.

Date