Allianz

MEDICAL CONFIDENTIALITY

Medical form

To : the medical department of Allianz Partners
32, Boulevard Roi Albert II, 1000 Brussels
Tel: +32 2 290 64 68
E-mail : claims.be@allianz.com

To be completed by the doctor
Incorrectly completed forms delay the processing of the file. The insured requests that you fill out the form. We kindly ask you to return the document duly completed and signed to the insured.

1 Traveler's Details

File number: _____ Policy number: _____

Firstname: _____ Lastname: _____

Adress: _____

2 Patient's details

Firstname: _____ Lastname: _____

Adress: _____

3 Medical details

Concerning the traveler and patient:

1. On what date was the incapacity to travel stated: ____/____/____

2. Cause of cancellation: ◯ Illness ◯ Accident

3. Accurate description of the diagnosis causing the cancellation:

Which exams have been performed: _____

Nature of the treatment: _____

Type of medicines: _____

Duration and frequency: _____

On what date did the patient first request medical care: ____/____/____

Date of last consultation: ____/____/____

4. Must activities be ceased? ◯ No ◯ Yes From: ____/____/____ Till: ____/____/____

5. Has the patient been hospitalized? ◯ No ◯ Yes From: ____/____/____ Till: ____/____/____

6. Has the patient been under treatment in the past for the same disease or accident causing the cancellation today?

◯ No ◯ Yes From: ____/____/____ Till: ____/____/____

If so, has the disease/accident been stabilized and since when?

◯ No ◯ Yes From: ____/____/____ Till: ____/____/____

In the present case, is this a relapse or a complication?

◯ No ◯ Yes From: ____/____/____ Till: ____/____/____

7. Backgrounds: Medical: _____

Surgical: _____

8. In case of pregnancy: due delivery date: ____/____/____

9. Further comments: _____

Date: ____/____/____ Doctor's signature : _____

Please be aware that all questions have to be answered. Form to be delivered within 30 days

Company incorporated under code 2769 - company number : 0837.437.919.
AWP - P&C S.A. - Belgian branch has control of the files. This information is collected in order to ensure efficient management of the contract and claims. To these ends, the patient also gives AWP - P&C S.A. - Belgian branch the authorisation to consult medical information. The patient has access and rectification rights for this information. The patient may also obtain supplementary information from the Commission for Privacy Protection's public registry (identification no VT4003753 and VT4003754) (Law of 8.12.92).