



	Torri must be attached atong	; with the claim form and	other supporting do	cuments.			
For NP: DHPO - mb.emergency@gig-gulf.com Mem: intl@gig-gulf.com to confirm cover on consultation basis Claiming: APP / Web							
Hospital name:	(Contact no:		Date received:			
Physician name:	Contact no:		No. of pages:		es:		
Approval request for (Please tick appropriate box)							
☐ In-patient ☐ Daycare	☐ Out-patient surgery	☐ Physiotherapy	☐ MRI/CT Scan	☐ Dental	☐ Maternity		
Other, please specify:							
Administrative sec	ction						
Company name:							
DHA member no.:		Members	hip no.:				
Patient name:		Patient d	ate of birth:	Gender:	□ Male □ Femal		
Policy/Group no:		Patient p	hone:				
Date of admission:		Date of d	ischarge:				
Medical section							
Symptoms presented	firs	ase state the date when t became aware of any s nptoms for this conditio	igns or	Please state the date of when the patie irst visited a doctor for this condition			
Details of medical condition:							

OF	Breakdown of treatment costs					
		Cost				
	Length of stay					
	Other insurer's details (Please tick the appropriate box)					
	Is the treatment work related? ☐ Yes ☐ No	Is the treatment accident related? ☐ Yes ☐ No				
	Is it covered under another insurance policy? \square Yes \square No If 'yes' plea	se give the name of the insurance company involved below.				
\swarrow	Patient declaration					
	I declare that I am the patient's medical practitioner, and that the details provided are to the best of my knowledge true and correct.					
	Signature	Stamp				
	Date:					

If the cost of treatment or maximum stay approved by GIG are to be exceeded, further approval must be obtained before the patient's discharge. All unapproved charges are the responsibility of the patient and must be recovered by the hospital/clinic from the patient prior to discharge.