MSH INTERNATIONAL
SIACI SAINT HONORE GROUP

CLAIM FORM

To help us process your claim promptly, please provide the medical report, original invoice/s and fully completed form. All documents will be handled in strict confidence by our medical team. Failure to provide the required information may result in your claim not being settled.Thankyou

1 PATIENT INFORMATION

Surname	Ghanim	Card No.	
First Name	Fouad	**Mobile Doctor ID.**	
Address			
Tel. No.		Fax No.	
D.O.B./Age		Email	

2 TREATING FACILITY INFORMATION

TREATING MEDICAL OFFICER / REFERRING DOCTOR		HOSPITAL / MEDICAL FACILITY	
Name	: Dr. Pratik Premjani	Name	:
Tel. No.	: 04-2529935	Tel. No.	:
Fax. No.	: —	Fax. No.	:
Email	: dentistreedentalclinic@gmail.com	Email	:
Address	:	Address	:

3 MEDICAL INFORMATION (to be completed by the Physician)

Presenting symptoms		
Date when symptoms first occurred		
Has this or any similar condition existed previously?	Yes / No	If yes, please provide details/dates*:
Diagnostics / Investigations	Orthodontic consultation – Deep bite, Class II	
Treatments / Medications	Consultation, OPG, Ceph & Study models	
Provisional diagnosis		

*Please continue on a blank sheet if more space required

4 PHYSICIAN DECLARATION

I hereby certify that I have personally examined and treated the insured for his/her injuries /illness described above and that the facts stated above represent my medical opinion of his/her condition.

Signature: [stamp: Dr. Pratik Premjani, Specialist Orthodontics, DHA-00058483-003, DENTISTREE DENTAL CLINIC] [signature]

Date: 26.10.24

5 PATIENT DECLARATION

I hereby authorize the Physician, Hospital, Laboratory, Pharmacy, or any person who has provided medical services to me to furnish MSH International information with regard to any medical history, condition or services. I confirm that all information provided by myself in relation to this claim is true and correct, and no material facts have been withheld.

Signature: ______________

Date: ______________

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Tel: +971 4 3651340 -Fax: + 971 4 4289264 -E-mail: approvals@mena.msh-intl.com -Web Site: www.msh-intl.com/mena

Important Note :Please fill up the Mobile Doctor ID number if it is mentioned as mandatory on the Insurance Card