PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

Pacis Centre, 4th Floor, Waiyaki Way, Westlands
P.O. Box 1870 -00200, Nairobi
Medical emergency lines: 0710 607 311; 0734 607 315/ 400/ 440
Email: casemanagement@paciskenya.com
Website: www.pacisinsurance.com

MEDICAL COVER PREFERRED PROVIDER OUTPATIENT CLAIM FORM

* Complete separate claim form for each member and on every visit * All members must be identified by medical cards
* All information must be supplied. Incomplete claim forms will delay claim processing * Attach all medical invoices relating to the claim

Member Information

Name of Hospital .....Telephone.....

Scheme Name .....

Patient Name..... Gender ☐ F ☐ M

ID No. ..... Member Number .....

Date of Birth ..... Relationship: Employee/ Spouse/ Child

Telephone No. ..... Email Address .....

Next of Kin .....Telephone No. .....

Medical Information (to be completed by the Doctor treating the patient)

Diagnosis .....

Cause of illness (or underlying condition) .....Duration since onset.....

When was the condition first diagnosed .....

Is the condition Chronic Recurrent Congenital

Treatment .....

Procedures/ Tests .....

For Optical

Date of last replacement.....

New Rx ☐ SV ☐ NV ☐ DBF ☐ PROG

EYE	SPHERE	CYL	AXIS	ADD
R.E.				
L.E.				

Reason for new spectacles.....

I hereby confirm that the information provided above is correct and true to the best of my knowledge.

Doctors Name .....Doctors Signature .....

Stamp .....Date .....

Authorization for release of information (Patient or Parent/ Guardian must sign below)

I..... do hereby authorize any doctor, hospital clinic or medical provider, any other company institution or person who has record or information about me and/ or my family members to provide my insurer with complete information including copies of their records with reference to any sickness or accident any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be taken as the original copy.

DATA PRIVACY: I/We willingly provide my/ our personal information in this Claim Form and its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website www.pacisinsurance.com) and in accordance with Data Protection Act, 2019

Signature of Patient/Parent/Guardian .....Date .....