

الوطنية للتأمين



شركة البحيرة

Al-Buhaira National Insurance Co.

P.O.BOX : 6000, SHARJAH - U.A.E. TEL.: 06 - 5684000, FAX : 06 - 5696636

REQUEST FOR CONFIRMATION OF COVER

FROM: DATED :

FAX NO: NO. OF PAGES:

PATIENT'S NAME: AGE: I.D. CARD NO:

TYPE OF TREATMENT IN-PATIENT OUT-PATIENT

ADMISSION DATE PROPOSED DISCHARGE DATE

1. DETAILS OF MEDICAL SICKNESS:
MAIN COMPLAINT & DURATION:

CLINICAL EXAMINATION FINDINGS:

REPORT OF INVESTIGATIONS DONE (IF ANY):

PROVISIONAL DIAGNOSIS:

TREATMENT GIVEN (IF ANY):

II. CONFIRMATION REQUIRED FOR:

DETAILS OF PROPOSED TREATMENT / SURGERY:

ESTIMATED COST OF TREATMENT:

.....
AUTHORISED SIGNATORY

.....
DATE

AL BUHAIRA NATIONAL INSURANCE COMPANY'S RESPONSE

TO DATED

WE CONFIRM COVER AS DESCRIBED ABOVE YES NO

REMARKS

AUTH. NO

.....
AUTHORISED SIGNATORY

.....
DATE