CHARTIS DIRECT

# WellWoman / WellPerson / WellBeing Claim Form

## Full details of Claimant

Title _____ Full name _____ Date of birth ____/____/____

Address _____

_____

_____ Postcode _____

Policy No _____ Telephone No _____

Diagnosis _____ Date of diagnosis ____/____/____

## Consultant and General Practitioner information

Please provide the name and address of the Consultant consulted for the present condition:

Consultant Name _____ Address _____

_____

_____ Postcode _____

Please provide the name and address of your General Practitioner:

GP Name _____ Address _____

_____

_____ Postcode _____

Please tick a box below to indicate which of the benefits contained in your policy you are claiming for:

DIAGNOSIS BENEFIT ☐ DAY-CASE SURGERY BENEFIT ☐ Date of surgery ____/____/____

## Declaration

I declare that the information given by me is correct to the best of my knowledge. I hereby authorise any hospital, physician or other person who has attended or examined me to furnish Chartis Direct or its authorised representative with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records.

I do ☐ do not ☐ wish to see a copy of the medical report before it is sent to Chartis Direct (please tick).

A photocopy of this authorisation will be considered as valid as the original.

Print name _____ Signature _____ Date ____/____/____

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