



Allied Insurance Company of the Maldives Pvt. Ltd

04-06 S.T.O Trade Centre, Orchid Magu, Male', Maldives
Phone: (960) 332 4612, Fax (960) 332 5035

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Health Insurance Overseas Cashless Treatment Referral Form

Reference No.	N/A	
Details of the Patient		
1	Patient Name	
2	Health Insurance Card no.	
3	Name of the Company	
4	Age	
5	Sex	
6	Contact no. if any	
Details of the Treatment		
7	Date of Arrival	
8	Diagnosis	
9	Surgery Planned	
10	Likely Date of Admission	
11	Preferred Hospital & City	
Details of the Policy (for office use only)		
12	Policy No.	N/A
13	Policy Period	N/A
14	Policy Terms and Conditions	N/A
15	Policy Limits	N/A
16	Co-insurance	N/A
17	Non-payable items if any	N/A

Please submit this form **2 days** before leaving for overseas treatment...

I/WE DECLARE the forgoing particulars to be true and correct and undertake to render any assistance in my/our power in dealing with the matter.

Signature: _____

Date: _____