

Note: Please Type In

Very Important: Because of the fact that Seguros Inbursa, S.A Grupo Financiero Inbursa provides this form on researches a claim, it will not be obligate. To admit of any claim on of motiv being claimed, non is obligated to renounce to rights pertaining to it according to the law and to the clauses in this policy.

Name of patient: _____

Date and place in which you flast helped the above mentioned person because of the injury or illnes.

Day	Month	Year

In: _____

Date in which patient was injured or illnes began:

Day	Month	Year

Illnes

Injuries you found: _____

Did the illnes or injury determine the disability of the patient for purposes of the performance of his/her usual occupations?

No Yes

Period of disability

Day	Month	Year

to

Day	Month	Year

Did you prescribe the patient's hospitalization?

No Yes

At Patient's Home

At Hospital or Clinic

Name: _____

Adress: _____

Please describe the treatment you employed:

Was a surgical procedure carried out? No Yes Date

Day	Month	Year

Date in which patient was released because of recovery:

Day	Month	Year

Patient's regular doctor involved in this case:

Name	Address

Do you know if patient has had a disease or physical malformation that may have predisposed the injury or that is related to the illness?

No Yes Which? _____

Do you know if the patient has illness or injury insurance policies with ot her companies?

No Yes Which? _____

Any other comments?

Name of Doctor: _____

Speciality: _____

Address: _____

Telephone: _____ Cell. phone: _____ Radio Telephone: _____ Key: _____

Professional register number: _____ Board certification number: _____

As patient's practicing doctor, I do agree to allow hospitals, sanatoriums, clinics, doctor's offices, and laboratories which the insuree has contacted for the diagnosis or treatment of any illness or injury, to provide to Seguros Inbursa, S.A. Grupo Financiero Inbursa all information related to this case.

Date

Day	Month	year

Insurance identification: _____

Doctor's Signature