



# Aseguradora del Istmo, S.A.

300 mts. Oeste de Tony Romas, Edificio Stewart Title, 4o. Piso  
San Rafael Escazú, Costa Rica

Rev.01042020

## Simplified Medical Expense Reimbursement Claim Form

### SECTION I: Filled out by the Primary Insured and/or Claimant

Name of the Company (Policyholder) \_\_\_\_\_

Full Name of the Insured \_\_\_\_\_ Identification No. \_\_\_\_\_

Full Name of the Claimant \_\_\_\_\_ Identification No. \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_ Gender:  F  M Email \_\_\_\_\_ Phone: \_\_\_\_\_  
month/day/year

**ACCIDENT:** Cause of the Accident: \_\_\_\_\_ Date of the occurrence: \_\_\_\_\_

Place and Description of the Accident \_\_\_\_\_

**SICKNESS/ MATERNITY:** Start Date: \_\_\_\_\_ Date of first visit: \_\_\_\_\_

Describe the symptoms: \_\_\_\_\_

**PREVENTIVE MEDICINE:** (Applies if policy includes these benefits and under the conditions set out in the insurance policy)

Medical Checkup  Eye exam  Dental Checkup  Pap smear  Mammography  PSA  Other

*I hereby certify that the information provided above and the attached invoices are true and accurate, according to the best of my knowledge and understanding. I authorize all physicians and other persons who attended me and all hospitals and other institutions to provide the Insurance Company providing this policy, any information, including true copies from their files and test results pertaining to this claim. It is hereby understood that the Insurance Company reserves the right to defer settlement of this claim, until it has obtained all the necessary proof regarding such and to its complete satisfaction.*

Date: \_\_\_\_\_ Signature of the Insured: \_\_\_\_\_

**Do not forget to attach the invoices for all services received, in addition to an itemized statement of the hospital expenses, doctor fees (surgeon, anesthesiologist, assistant, others), physical orders for studies with their respective reports or results (laboratory, images, others) and medical prescriptions from the Attending Physician.**

### Section II. To be filled out by the Attending Physician

Name of the Patient: \_\_\_\_\_ Age \_\_\_\_\_

**SICKNESS**  **ACCIDENT**  Trauma Mechanism: \_\_\_\_\_

Diagnosis, clinical condition and findings that support your diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, when did the cause of this illness or injury begin? \_\_\_\_\_

**MATERNITY**  Childbirth or Abortion Date: \_\_\_\_\_

FUR: \_\_\_\_\_ Weeks of pregnancy: \_\_\_\_\_

**PREVENTIVE MEDICINE** (Applies if the policy includes these benefits and under the conditions set out in the insurance policy)

Medical Checkup  Dental Checkup  Pap smear  Mammography  PSA  Other

Eye Exam  In the case of eye exam, state diagnosis and prescription: \_\_\_\_\_

**Note: As the Attending Physician, I authorize hospitals and other institutions to grant the Insurance Company issuing the policy, all the reports referring to the insured patient's health, including all information regarding prior illnesses. For such effect, in this case, I release the institutions and persons involved, from professional secrecy and hereby certify that a copy of this authorization has the same effect as the original. Under penalty of perjury, I declare that the information provided in this form was taken directly from both the insured patient and the clinical file.**

\_\_\_\_\_  
Physician's Name and Medical Board No.      Physician's Signature      Physician's Stamp      Date month/day/year

THE INSURANCE COMPANY shall reimburse the charged medical fees, depending on the individual conditions of the policy that has been subscribed. In no event will those expenses that are not reasonably necessary be considered as covered expenses and no payment exceeding the COMMONLY recognized amount shall be made for the service or medication in question.

\_\_\_\_\_  
Policyholder / Insurance Broker      ASEGURADORA DEL ISTMO (ADISA), S.A.

The contractual documents and the technical note comprising this product are registered with the Office of the Superintendent of Insurance in accordance with that established in Article 29, paragraph d) of InsuranceMarket Law N° 8653, under Registration N° P20-64-A07-399, dated January 17, 2013.