



DECLARATION FORM FOR FOLLOW-UP HOSPITAL VISIT

I, the undersigned, do hereby declare that I am currently a registered member/dependant of Psemas:

MAIN MEMBER'S SURNAME INITIALS

MEMBER NUMBER MINISTRY:.....

PATIENT'S DATE OF BIRTH/...../..... PATIENT'S NAME

I hereby confirm that treatment/medical service was provided by underneath medical practitioner for the above patient. The underneath medical practitioner subsequently had a follow-up hospital visit to me:

SIGNATURE OF MEMBER/DEPENDANT/GUARDIAN.....

I, the undersigned, hereby confirm that I have seen and provided treatment/medical service to the above patient; and verified the identity of the patient on/...../20.....

SIGNATURE OF DOCTOR:

PLEASE NOTE:

- **Declaration form to be attached to claim with copy of ID/membership card of patient.**