

Allianz Global Assistance OSHC Medical Certificate

For completion by the patient's treating doctor

Important: The attending medical officer is respectfully requested to give as much detail as possible in order to assist our client and avoid the necessity of additional enquiries.

Note: Members of Allianz Global Assistance OSHC have agreed, in respect of any claim, to allow Allianz Global Assistance to provide details of their cover or to obtain details from any healthcare provider in order to process their claims (refer Allianz Global Assistance OSHC Policy Documents).

Patient Name: _____
Date of Birth: _____
Medical Practitioner:
(print name & address) _____
Hospital name
where admitted: _____

Telephone #: () _____ Facsimile #: () _____
Policy number _____ Insured from _____

How long have you been the treating Medical Practitioner for the above patient?

Describe the nature of the presenting symptoms and diagnosis:

Date of onset of current illness/injury:

In your opinion, would any related signs & symptoms have existed prior to patient arriving in Australia or purchasing a policy, whichever is the later date? Yes No

Please give brief details of the patient's medical history with regards to this or related conditions:

Proposed treatment plan:

Treatment likely to be required: Short term (< 6 weeks) Medium term (6 – 12 weeks) Long term

Details of treatment plan:

I certify that the statements contained in this Medical Certificate are true and correct.

Doctor's Signature

Date:

Allianz Global Assistance

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