

Authorisation for Release of Medical Information Form

Administered by:



Insured by:



Please complete and sign the following authority for the release of **Your** medical information. **We** ask **You** also to refer to section 3.6 of **Your** members' handbook which outlines the additional information **You** may be asked to provide in the event of a claim. Please note that if **You** do not allow **Us** reasonable access to this information, **We** may not be able to process **Your** claim.

Member Details

Member name:

Membership number:

Date of birth (dd/mm/yyyy): / /

Medical facility details

Medical facility/treating **Medical Practitioner**:

Email:

Telephone number:

Fax:

Medical details

I/the member named above authorise the above medical facility/treating **Medical Practitioner** to release the following medical records and confidential information to Royal & Sun Alliance Insurance Middle East B.S.C. (c) or to its authorised representative:

Complete record

Records of care from (dd/mm/yyyy) / / to (dd/mm/yyyy) / / only

Records of care concerning the following **Medical Condition(s)**:

Other. Please specify:

Authorisation to confer with above named treating **Medical Practitioner** orally about information in my medical record

Authorisation

I understand that I may have access to the medical information requested and may equally decline its release (preventing the assessment of my claim) and hereby consent to Royal & Sun Alliance Insurance Middle East B.S.C. (c) or to its authorised representative obtaining medical information from the above medical facility/treating **Medical Practitioner**.

A photocopy or facsimile of this authorisation shall be considered as effective and valid as the original.

Signature of member/authorised representative:
(parent/legal guardian/next of kin)

Date (dd/mm/yyyy):

/ /

Note: Royal & Sun Alliance Insurance Middle East B.S.C. (c) **will not pay for the release of any medical reports/records.**

Return this form by email to MEAService@now-health.com

Plans issued in the United Arab Emirates (UAE) are insured by Royal & Sun Alliance Insurance Middle East B.S.C. (c) and are administered by Now Health International Gulf Third Party Administrators LLC. Registered address: 2348 Sky Tower, Al Reem Island, P.O Box 132168, Abu Dhabi, U.A.E Regulated by the UAE Federal Insurance Authority with license number 11169.

Royal & Sun Alliance Insurance Middle East B.S.C. (c) registered under UAE Federal Law dated April 1, 1997 (Registration No 65).

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