



Please send all claims and enquiries to:
Claims Department of Pacific Cross Health Insurance PCL,
152 Chartered Square Building, 21st Floor, Room 21-01, North Sathorn Road,
Silom, Bangrak, Bangkok 10500

Tel: 66 2 401 9189 Fax: 66 2 401 9187 Email: claims@medsure.co.th

Claims Reimbursement Form

Please complete the following information and attach this slip with your claims. One slip is required for each insured person (patient).

Enclosed is/are _____ bill(s) / statement(s) / receipt(s) for claims purposes.

Name of Policy Holder: _____

Policy Number: _____

Date	Name of Insured Person (Patient)	Clinic/Hospital Name	Doctor Name	Diagnosis	Claim Amount
e.g. 1/1/08	John Berry	Thai Siam Hospital	Somphob Sandee	Flu	500 THB

I, the undersigned, hereby declare that the particulars stated on this form are true in every respect. I have supplied full information on all particulars relevant to this claim, and the amounts claimed herein are lawfully due to me under the terms, conditions of the above numbered account.

Signature of Insured Person

