

ShwAARi MEDICAL CLAIM FORM

Please fill all sections (Use separate form per member per visit).

All claims should be submitted to:

**Claims Department/Manager,
AAR Insurance Kenya Ltd.
Real Towers, Hospital Road, Upper-Hill, Ground Floor
P.O. Box 41766 - 00100 GPO Nairobi, Kenya**

A: PATIENT INFORMATION (to be completed by the member/patient/guardian only)

Name: _____

Date of Birth: _____ Membership No. _____ Company / Employer _____

Telephone No. _____ Email: _____

DECLARATION: I declare that, to the best of my knowledge, all the information provided on this form is correct. I understand that AAR Insurance will rely on the information provided as such. I agree and accept that this declaration gives AAR Insurance and its appointed representatives the right to request past, present and future medical information in relation to this claim, or any other related claim, from any third party, including providers and medical practitioners. I understand that any deliberate misrepresentation or the omission of any material facts may result in denial of the claim and / cancellation of cover, and possible legal action.

Member / Guardian Signature: _____ Date: _____

B: CLINICAL INFORMATION (to be completed by attending Medical Practitioner or Consultant)

First Visit Review (Review visit will be assumed if first visit is not checked)

Complaints including date of onset: _____

Physical findings: _____

Laboratory & Radiology findings: _____

Diagnosis: _____

Management plan: (Including estimated costs for procedures): _____

Attending Practitioner: _____ Speciality: _____

Sign: _____ Official Stamp: _____

Please attach a detailed invoice and a copy of referral form (if patient was referred to your centre) and send to AAR Insurance Kenya within 30 days of visit for payment purposes. In case of any admission, send / email this completed form to AAR Insurance Kenya within 24 hours of admission.

For any queries please contact our 24 hour Medical Services helpline at +254 20 2895000 / +254 730 633000 / +254 703 063000 or email: medicalservices@aar.co.ke / www.aar-insurance.com