

Annexure 1: Consent Letter

To,
Medical Superintendent,

Date: / /

I, Mr./Ms. _____ Age _____ resident of _____ State _____ hereby give my willful consent to Mr/Dr _____ of Max Bupa Health Insurance Company Limited to verify and collect necessary documents/statements including but not limited to certified copies of medical records from your esteemed hospital for the purpose of settlement of my insurance claim.

My other relevant details are provided below;

Detail of Insured: _____

DOA: _____

DOD: _____

MRD/Indoor/IP No: _____

Policy No: _____

I request you to provide all the information/documents as required by Max Bupa Health Insurance Company Ltd.

Name:

Signature/ Thumb Impression

Witness Name & Signature