ส่วนที่ 1 Admission (Form A) ( ) Day surgery

To	Aetna Health Insurance (Thailand) Public Company Limited Pre-authorization Fax.02-230-6553	From	Hospital.....Room..... Fax No.....

Part 1 For Customer

Name.....Birth date..... Age..... Sex.....

Address.....Telephone.....

HN..... Policy No..... Passport ID/ID card No.....

Other Insurance.....No.of policy.....

For personal accident policy: Policy No.....

( ) Never got any treatment ( ) Treatment at .....when.....Amount.....baht

Date of accident.....Time.....Place/Location.....

Cause of accident.....

Nature of wound and injured organs.....

1. I agree that all eligible medical expenses will be settled in accordance with my policy terms and conditions, by the hospital directly with Aetna Health Insurance (Thailand) Public Company Limited.
2. If, for any reason, it should be found after admission and before discharge that my expenses are not eligible for benefit, I agree to reimburse the hospital directly.
3. In the event that I do not pay the hospital directly and is subsequently found after discharge that my expenses are not eligible for benefit, I agree to reimburse Aetna Health Insurance (Thailand) Public Company Limited within 7 days of notification.
4. I agree that if I am able to claim part of the eligible expenses from another third party. Aetna Health Insurance (Thailand) Public Company Limited has the right to deduct this amount from my claim.
5. I authorize the physician / health care provider or any individual giving me medical treatment to provide a photocopy of my health record or related documents health including the treatment of nervous or mental disorders, treatment of HIV and AIDS to Aetna Health Insurance (Thailand) Public Company Limited. or its representative. A photocopy of this statement shall be as effective and valid as the original.

Sign.....Insurer Witness..... Witness.....

(.....) Date..... (.....) (.....)

Part 2 For Attending Physician

Physician's Name.....	Plan of Treatment .....
Medical Specialty.....	.....
Medical License No.....	Previous treatment for this illness or injury (Date &Place).....
Admission Date .....Time.....	.....
Underlying condition.....	Expected Length of stay.....day(s) Others.....
H.N.....A.N.....	( ) Private case ( ) Hospital case
Provisional Diagnosis.....	The illness directly related to an accident ( ) No ( ) Yes
Vital signs T.....BP.....P.....RR.....	If yes, date.....Time.....
Chief complaint/duration.....	The illness or injury influenced by alcohol or drug addict
Indication for Admission.....	( ) No ( ) Yes ( ) Unknown
Present illness or cause of injury	Signature.....
.....	Date.....

Part 3 For Aetna Staff

For the above information, we confirm ( ) Use the credit for eligible medical expenses

Cannot use the credit due to ( ) Policy expired..... ( ) General exclusion

( ) During the first 30 days of the first cover commencement date

( ) Other.....

Sign ..... Assessor Date..... Time.....