





**Other insurer's details (Please tick the appropriate box)**

Is the treatment work related?  Yes  No

Is the treatment accident related?  Yes  No

Is it covered under another insurance policy?  Yes  No If 'yes' please give the name of the insurance company involved below.



**Practitioner declaration**

I declare that I am the patient's medical practitioner, and that the details provided are to the best of my knowledge true and correct.

Signature

Stamp

Date:

If the cost of treatment or maximum stay approved by AXA are to be exceeded, further approval must be obtained before the patient's discharge. All unapproved charges are the responsibility of the patient and must be recovered by the hospital/clinic from the patient prior to discharge.