



Blue Cross and Blue Shield of Panama

REQUEST FOR FOREIGN ATTENTION

THIS FORM MUST BE SENT TO OUR FAX 011-507-210-1077 - INTERNATIONAL DEPARTMENT -Phone number: 011-507-206-4240
e-mail: dmoreno@iseguros.com

Name of the Patient:	_____	Sex:	M	<input type="checkbox"/>	<input type="checkbox"/>	F
Date of Birthdate:	_____	Policy No.	_____			
Number of Personal ID:	_____	Certificate:	_____			

CLINICAL HISTORY OF THE PATIENT (DIAGNOSTICS, NAME OF DOCTORS THAT HAS EVALUATED THE PATIENT IN PANAMA) AND THE REASONS THE INSURED WAS REFERRED TO YOUR MEDICAL SERVICES.

DESCRIBE THE REASONS FOR THE MEDICAL ATTENTION OUTSIDE OF PANAMA AND THE PROCEDURES RECCOMENDED THAT ARE NOT SUPPLIED BY MEDICAL CENTERS OR PHYSICIANS IN PANAMA.

DESCRIBE ANY FUTURE PROCEDURES THAT THE INSURED WOULD REQUIRED AND NEXT SCHEDULED PROGRAM FOR THE PATIENT.

WRITE DOWN THE NAME AND THE ADDRESS OF THE HOSPITAL, PHYSICIAN, PHONE NUMBERS OR E-MAIL IN ORDER TO COORDINATE THE BENEFITS WITH OUR PROVIDERS.

Signature of Physician: _____ Date: _____



suscrito y administrado por Cía. Internacional de Seguros, S.A., Licenciatario Independiente de Blue Cross and Blue Shield Association, autorizado para operar como Blue Cross and Blue Shield of Panama