



**BlueCross  
BlueShield**  
Panama

**REQUEST FOR FOREIGN ATTENTION**

THIS FORM MUST BE SENT TO OUR FAX 011-507-210-1077 - INTERNATIONAL DEPARTMENT -Phone number: 011-507-206-4257 - 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 RECOMMENDED 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 Cia. Internacional de Seguros S.A. Licenciataro independiente de Blue Cross and Blue Shield Association. Autorizado para operar como Blue Cross and Blue Shield of Panama.

Regulado y Supervisado por la Superintendencia de Seguros y Reaseguros de Panamá

**SENSITIVE**