



**BlueCross
BlueShield**
Panama

REQUEST FOR FOREIGN ATTENTION

THIS FORM MUST BE SENT TO OUR INTERNATIONAL DEPARTMENT - Phone number: 011-507-206-4251 - e-mail: dmoreno@iseguros.com

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

Physician Signature: _____ **Date:** _____



Subscribed and administered by Cia. Internacional de Seguros S.A. Independent Licensee of the Blue Cross and Blue Shield Association. Authorized to operate as Blue Cross and Blue Shield of Panama.

Regulated and Supervised by the Superintendency of Insurance and Reinsurance of Panama

SENSITIVE