Hill on Empire Office Park 2nd Floor Building B Cnr Empire Rd and Hillside Road Parktown 2193

MiWäylife

Postnet Suite 409, Private Bag X30500, Houghton, 2041

T 0860 64 54 33 E info@life.miway.co.za

c. Physical address: ____

Medical Specialist Report

Section A: Particulars of the Insured (Claimant)

Please supply MiWayLife with copies of all available Histology Reports, Pathology Reports, X-ray reports, CT/MRI Scan Reports, and other test reports in your possession.

a. Policy Number: ___ b. Full first name(s) and Surname: c. ID Number: ___ Section B: Details of the Terminal Illness Please indicate the terminal illness from which the patient is suffering, with the appropriate international staging of the disease, where applicable. To support the claim, please provide us with copies of all tests, investigations, and reports in your possession. a. Medical diagnosis: ___ b. Date of diagnosis: c. Presenting symptoms: ___ d. Date of first consultation for this diagnosis: _____ Secondary medical diagnoses affecting survival: ___ Past treatment (please provide information on the treatment that the patient received to date for this f. condition) ____ g. Future treatment ____ h. How is the patient's survival/life expectancy impacted by the primary and secondary diagnosis? Who was the patient's referring doctor? Section C: Doctor's Details and Declaration Initials and surname: _____ Practice number: _____ Qualifications:

__ Code: __

d. Telephone number:		Email address:		
Deslayation				
Declaration				
I declare that to the best of my withheld any information which	•	•	orm is accurate and that I have	not
Signed at	on this	day of	20	
Signature		-		

MiWayLife Disclosures

POPIA

MiWayLife cares about the privacy of its clients. To provide the insured with our service, we and our service providers must process the personal information you provide us in line with the applicable data privacy laws. As a result, we will treat this information with caution, and we have put reasonable security measures in place to protect it.