



TRIDENT
INSURANCE COMPANY
LIMITED
"The Right Choice"

HEALTH INSURANCE CLAIM FORM

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PLEASE COMPLETE IN BLOCK LETTERS

1. Personal details

Patient's names..... Date of birth.....
 Employee/Member names..... Relationship to patient.....
 Scheme name..... Tel no.....
 Policy no..... Employee/Member no.....

2. To be completed by the attending physician/consultant

Diagnosis (list all)
 Description of presenting complaints
 Current onset date.....
 If previously treated for same illness/disability, state period
 Recommended treatment
 If illness is resultant to pregnancy, please indicate (L.M.P)
 Attending physician.....
 Signature & stamp.....Date

FOR NON-EMERGENCY SURGERY, HOSPITALIZATION, MRI, CT-SCAN, REFERRALS, PLEASE FILL
 PREAUTHORIZATION

3. Informed consent

I..... do hereby authorize medical providers, insurance company, any
 other company, institution or person to avail any record with complete information about me and/or my
 family members including copies, to Trident Insurance Ltd in reference to sickness or accident/incident,
 examination, advice or hospitalization. I have also been advised on, and have understood, the standard
 exclusions and procedures pertaining to my medical insurance cover.

Signature Date

The expenses relating to the illnesses, incidents, or accidents described here under shall be referred to as general exclusions;

- Any expenses which are payable by any other Insurance e.g. NHIF, WIBA.
- Any expenses for medical examinations done for check-up purposes not authorized
- Family planning and any kind of related treatment including use of contraceptives, or invitro-fertilization (IVF).
- Intentional self-injury, suicide or attempted suicide, intoxication, drunkenness, or alcoholism and drug addiction.
- Cosmetic surgery, massage or beauty treatment
- Naval, Military and Air force operations, or Participation in extreme/ hazardous or professional sports such as riding or driving in any kind of race
- Stays at sanatoria, old age homes, places of rest etc
- Participation in war, invasion, civil war, riots or act of terrorism or any illegal criminal act.
- Alternative non-conventional therapy such as chiropractors, acupuncturists or herbalists treatment.
- Supply and fitting of hearing aids.
- All expenses in respect of illness conditions that were subject to waiting periods when the member and dependants joined the Scheme.
- Purchase of durable medical appliances; applicators, toiletries, tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity; sun screen and sun tanning lotion; soaps and shampoos; remedies for body building purposes; aphrodisiacs; household bandages, cotton wool, dressings and similar aids.
- Medical treatment not related to diagnosis of an illness or accidental injury.
- Costs associated with Vocational Guidance, Child Guidance and Marriage Guidance.
- Any expenses incurred in relation to circumcision unless authorized.
- The willful non-compliance on the part of the Member with prescribed treatment.
- Expenses relating to maternity, dental, optical unless provided in the card benefit schedule
- Expenses incurred and relating to patented food, nutritional supplements, vitamins and multivitamins unless pre-authorized.