The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph I Website: www.insularlife.com.ph
Tel.: (632) 8-582-1818 I VAT REG. TIN 000-464-124-000

I-Heal

INSTRUCTIONS TO CLAIMANT:

1. This form (I-Heal Claim IV) must be completed by the ATTENDING SURGEON, if surgery was performed. (If not applicable, please write N/A in the space provided for.)

2. The following must be submitted, along with this form:
   2.1. Official Receipt, covering the surgical fee;
   2.2. Insured's Statement of Claim (I-Heal - Accident or Sickness Form I, as applicable);
   2.3. Hospital's Certification (I-Heal Claim Form II);
   2.4. Physician's Statement (I-Heal Claim - Accident or Sickness Form III, as applicable); and,
   2.5. All required documents indicated in the above-listed forms.

3. Submit to the Customer Care Unit of The Insular Life Assurance Company, Ltd. located at the above address or to any Insular Life Office

SURGEON'S CERTIFICATION
(I-HEAL CLAIM FORM IV)

Name of Patient: (Surname) (Given Name) (Suffix)	Age	Gender
Complete Diagnosis:	Short History of Injury/Illness:	
Biopsy/Histopath Result:		
Is the patient under your professional care at present? ☐ Yes ☐ No		
Nature of operation performed:		
Date performed:	Hospital/Clinic where the operation was performed:	
Name of Surgeon:	Fees Charged: P	

If surgeon is also the attending physician, please indicate the following:

Attending Physician's Charges: _____

Surgeon's Charges: _____

Total Professional Fee: _____

NOTE: If no itemization is indicated, it is assumed that the Surgeon's charges is equal to the Total Professional fee.

Name of Anesthesiologist:	Fees Charged: P

ATTENDING SURGEON'S DECLARATION

I HEREBY CERTIFY that the foregoing answers are true, correct and complete.

SIGNATURE OF ATTENDING SURGEON:_____ DATE SIGNED: _____

AREA OF SPECIALTY:_____ AREA OF PRACTICE: _____

LICENSE NO.:_____ VALID UNTIL: _____