

**RAFFLES SHIELD REQUEST FOR LETTER OF GUARANTEE (LOG)**

Policyholder Name: Admitting Hospital: Doctor's Name/ MCR No:	Date: Policy No:
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To: Raffles Health Insurance Pte Ltd – Raffles Shield

We would like to request for LOG to be issued on the following member. We are aware of the following:

1. Letter of Guarantee (LOG) issued by Raffles Shield to Singapore Government Restructured Hospital, Private Hospital is meant for full or partial waiver of hospital cash deposit in the event of hospitalisation and/or surgery.
2. The issuance of LOG does not constitute as an approval on any claim/claim amount in respect to the hospital admission.
3. Claim would need to be submitted and assessed by Raffles Shield and complete claim documents will be submitted.
4. Do note that the issuance of the LOG is subject to the policy terms and conditions.
5. Raffles Shield will revert on the outcome of our LOG request within 1 working day.
6. Attached are documents required for LOG assessment
  - Admission form stating medical diagnosis and procedure to be done
  - Financial counselling form with estimated total charges
  - Doctor's memo, referral letter (if any)
7. As per Ministry of Health guidelines, your Medishield Life is meant as a safety net for catastrophic coverage and should be the payor of last resort. Should you have other private insurance / company's insurance (i.e. other 3<sup>rd</sup> party coverage), we may ask you to claim from such policy first. If yes, please complete the attached Raffles Shield Claims Recovery Authorisation Form.

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Name of requestor & Designation	Signature	Date

**PART A – MEMBER'S DETAILS**

NRIC / Fin No.	Name:	Effective date of coverage:
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**PART B – PATIENT'S DECLARATION**

I hereby authorise any hospital, physician or other person who has attended to me to furnish Raffles Shield or its representatives any and all information with respect to any sickness or injury, medical history, consultation prescriptions or treatment, copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective as the original.

Signature of Patient/Parent/Guardian**	Name & NRIC/Fin No of Patient/Parent/Guardian**	Date
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\*\*to be signed by parent/legal guardian if patient is below 21 years old.

A member of **RafflesMedicalGroup**