RafflesHealthInsurance
Your Specialist Health Insurer

REQUEST FOR LETTER OF GUARANTEE FOR WAIVER OF DEPOSIT (LOG)

Name of Insured*: NRIC/FIN No.*: …… …… Company (if applicable): …… Policy No (if available): ……	Request Date*: …… Planned Admission Date*: …… Policy Start Date: …….. Type*: Emergency / Elective

To: Raffles Health Insurance Pte Ltd

We would like to request for LOG to be issued for the following patient and are aware of the following conditions:

1. Letter of Guarantee (LOG) issued by RHI to Singapore Govt Restructured Hospital, Private Hospital is meant for full or partial wavier of hospital cash deposit in the event of hospitalisation and/or surgery.
2. The issuance of a LOG does not constitute an approval of any claim/claim amount in respect to the hospital admission under my/our company's plan.
3. A claim would still need to be submitted and assessed by RHI. I/We will send you complete claim documents as soon as we possibly can.
4. I/We note that the issuance of the LOG is subject to the policy terms and conditions.
5. You will revert on the outcome of our LOG request within 3 working days.
6. I/We must attach the Financial Counselling Form, Admission form and any referral letter in this request.

For Group Policies only:
Requestor Name & Signature : …… *Date:* _____
Company stamp (if applicable):
Note: If the member is not in the capacity to complete the LOG request, the member's representative may complete and submit the request on his/her behalf.

PART B - PATIENT'S DETAILS (IF OTHER THAN INSURED)

NRIC / FIN No.:	Name:	Relationship to Insured: [ ] Spouse* [ ] Child*

PART C – EMPLOYEE/PATIENT'S DECLARATION

I hereby authorise any hospital, physican or other person who has attended to me to furnish Raffles Health Insurance Pte Ltd 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

* mandatory fields

** to be signed by parent/legal guardian if patient is below 21 years old.

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