

Prior Approval - Business Travel

For Gouda's use:
Approved:
Reservation:
Rejected:

You can apply for prior approval if you have a condition or symptoms which mean you do not meet the requirements set out in the terms of insurance. Based on your application, we assess whether you can be granted exemption from the requirements so that you can be fully covered by your insurance.

In order to assess your application, we need a copy of your medical records for the last two months. If you are entitled to healthcare in Denmark, you can access your medical records by accessing www.sundhed.dk using your personal NemID. Alternatively, your doctor can complete sections 4 and 5 in this application form. Please note that you will have to pay the doctor's fee for this.

The completed application and any copies of medical records must be sent to medicinsk@gouda.dk, whereupon we assess the possibility of granting you an exemption.

Please complete the form using block capitals.

1. Policyholder

Name:		CPR number:	
Name of company:			
Address:			
Postcode:		City:	
Tel. no.:		E-mail:	
Travel insurance policy no.:			

2. Travel details

Destination (please state country):	
Planned departure date:	Planned return date:
Purpose of travel:	

3. Medical records

A copy of medical records is attached (poss. obtained from www.sundhed.dk)

Yes No

4. Doctor (To be completed only if the answer is no in section 3. Must always be completed by a doctor)

For the doctor:

Your patient would like prior approval for illness or repatriation cover in connection with an upcoming trip. The patient has/had a condition which may mean that a need for treatment arises during his/her trip.

In order for Gouda to decide whether or not to provide insurance cover and make any reservations, please complete the following fields. Expenses in connection with obtaining a medical report are borne by the applicant.

What illness/symptoms does the patient want prior approval for?

When did the illness begin?

What need for treatment may arise?

Are symptoms still present?

Yes No

If no, when did the symptoms stop?

If yes, what are the symptoms?

Has the condition required surgery?

Yes No

If yes, what kind of surgery?

Date and place of surgery:

What other treatment is being given/has been given over the past two months?

When?

Have there been any changes in medical treatment in the past two months?

Yes No

If yes, what kind? And for what reason?

When?

Has the patient been admitted to hospital in the past two months? yes No

If yes, where and when?

Does the patient have other illnesses/symptoms?

Yes No

If yes, what are they and what treatment is being given?

Is the patient waiting for examinations/treatment or further investigation?

Yes No

If yes, which examination/treatment?

If yes, poss. date for this?

Has the patient been reported sick?

Yes No

From (date):

To (date):

5. Clinic details (To be completed only if the answer is no in section 3)

Name and address of clinic:

Date:

Signature of doctor:

6. Signature of applicant

<p>I solemnly declare that the information provided is accurate and that I have not concealed any information. I understand that providing false information may mean that I will have to bear the cost of any claim and that the insurance may be terminated.</p>	
<p>Date:</p>	<p>Name of policyholder:</p>