

Cost estimate (to be completed by all relevant parties)

Surgeon's fee:	Ward round fee per day:	Anaesthetist's fee:
Room rate:	Class of room:	Package cost (if any):
Hospital charges:	Other cost:	
Total cost:		

Declaration

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Attending doctor's name:	
Signature:	Date (dd/mm/yyyy):

Financial Sanctions Exclusions

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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