



APPLICATION FOR MEDICAL REPORT/ MEDICAL CLAIMS/INVESTIGATION REPORT

REQUESTOR: PATIENT REPRESENTATIVE

DATE OF APPLICATION: - - MRD REFERENCE NO.: MR -

A) PATIENT'S PARTICULARS (please tick (/) where applicable)

Patient's Name Age

UMSC Registration Number (MRN) Gender Male Female

I/C No Email

Contact No

B) REPRESENTATIVE'S PARTICULARS (please tick (/) where applicable)

Relationship with patient Next of Kin: Parent / Sibling / Spouse / Children / _____

Insurance Agent Law Enforcement

Government Agencies Others: _____

Representative Name Age

I/C No Gender Male Female

Letter of Authorisation from Patient Yes No Email

Contact No

C) ATTENDING DOCTOR

1. 3.

2. 4.

D) PURPOSE

Self Reference Second Opinion Insurance EPF Withdrawal/Claim SOSCO Claim

Employer's Reference Legal Proceedings Others: _____

E) TYPES OF APPLICATION

DESCRIPTION	FEE PER APPLICATION (RM)
i) Medical Report	
<input type="checkbox"/> Specialist Medical Report	From 115.00 to 570.00
ii) Medical Report From (External Form)	
<input type="checkbox"/> Insurance Claim Form <input type="checkbox"/> JPA Form <input type="checkbox"/> SOSCO	120.00
<input type="checkbox"/> KWSP / EPF <input type="checkbox"/> OKU Form <input type="checkbox"/> Others: _____	
iii) Other Charges	
<input type="checkbox"/> Certified True Copy of Report (per document)	5.00
<input type="checkbox"/> Digital Copy for Radiology (per CD)	40.00
<input type="checkbox"/> X-Ray Film (per film)	25.00
<input type="checkbox"/> By Courier Services Peninsular Malaysia	10.00
<input type="checkbox"/> By Courier Services East Malaysia	20.00
<input type="checkbox"/> By Courier Services International	Subject to courier charges
<input type="checkbox"/> Administrative Fee for Medical Report per Consultant - Item A and B (Not applicable for Law Enforcement Agencies / Government Agencies)	30.00





F) MODE OF COLLECTION

 Walk-in/Self Collect Email By Mail - Courier

Delivery Details

Name of Recipient Mailing Address Postcode City State Country Email

G) CONSENT BY PATIENT/NEXT OF KIN

PERSONAL DATA PROTECTION ACT 2010

The Personal Data Protection Act 2010 (hereinafter referred to as "the Act"), which regulates the processing of personal data in commercial transactions, applies to UM Specialist Centre Sdn. Bhd. and its affiliated organization (collectively) referred to as "our", "us" or "we". For the purposes of this Notice, the terms "Personal Data" and "Processing" shall have the same meaning as prescribed in the Act.

1. I hereby declare and confirm that the details furnished are true and correct to the best of my knowledge and belief and I undertake to inform UMSC of any changes therein, immediately.
2. I agree that only the representative's name appear in the authorization letter can claim the report on my behalf.
3. I hereby release UM Specialist Centre (UMSC) and its employees from all possible legal responsibilities arising out of this content.

Signature of Patient:

Name:
Date and Time:
 Tick here if written consent
provided separately.

APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION

1. This form must be fully completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parents/legal guardian.
2. As general rule, application can only be made by the patient. This is in accordance to Personal Data Protection act in the absence of a legally appointed representative.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate, death certificate, and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. If the patient is deceased/ mentally incompetent, consent is required from the authorised representative or legally appointed representative by the Malaysian Court. Authorised representatives are to provide photocopies of their NRIC or passport, Court Orders, Power of Attorney and/or other legal documents (where applicable). A copy of the patient's death certificate is required.
5. The patient has to enclose a photocopy of their own NRIC (front & back view), passport or Birth Certificate when submitting this request.
6. UMSC reserves the rights to refuse a request for the release of patient medical information if UMSC finds that such persons do not have the authority to make such request.
7. The release of medical information is subject to official approval by UM Specialist Centre (UMSC).
8. Cancellation of application will not be accepted when medical report has been completed by medical practitioner.

H) DISCLAIMER

1. All application must be paid in full upon application made.
2. A Deposit of RM200.00 will be collected for each specialist medical report.
3. Incomplete application will not be accepted.
4. A Medical Report Application will only be valid for 6 months from the day of application.
5. Reports not collected within 6 months from the application date will be void.
6. A New Application will have to be re-submitted and charges are as mention in UMSC Medical Report charges table.

I) FOR MRD OFFICE USE

Consent Verification

-
- Patient/next of kin matched registry
-
-
- Called and verified with patient/next of kin
-
-
- Not applicable

Staff Stamp and Signature:

Date and Time:

Payment Acknowledgement

Payment Method Cash Debit/Credit Card Online Banking Not ApplicablePayment Reference No Receipt No Receipt Date

Staff Stamp & Signature

Date and Time