

## Provider Utilization Audit Form (PUAF)

Login to [www.alliancehealthcare.com.sg](http://www.alliancehealthcare.com.sg) and click on the "Tokio Marine" Logo

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Code : \_\_\_\_\_

### \* Terms & Conditions (T&C):

I hereby declare that I am eligible to participate in the Alliance Healthcare PL's Corporate Health Programme. By presenting the valid identification cards or stickers and signing on this PUA, I hereby give my consent for your clinic to release my particulars and medical information ("Personal Data") to Alliance Healthcare Pte Ltd and its associated entities and /or employer and for Alliance Healthcare Pte Ltd to release the Personal Data to Tokio Marine Life Insurance Singapore Ltd to use and release the Personal Data to its servicing intermediaries and/or my employer, for the purposes of settlement of medical expenses incurred by me, statistical analysis, generation of reports requested by servicing intermediaries or my employer. I fully understand that if I revoke/withhold/dispute this consent, I shall have to bear all medical expenses incurred personally in cash.

Patient's Name	Patient's NRIC/FIN/BC/PP NO. (E.g. SXXX1234E)								Employee's Name (Only if patient is a dependant)	Visit Date	Time of Visit	Patient's Signature (I agree to *T&C)	Remarks
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										
	X	X	X										

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