

Does the Insured show signs and feel symptoms of Dengue?



High Fever



Rashes



Headaches



Body Pain

Follow these steps:

1. Consult a licensed physician and take the necessary diagnostic tests.
2. Ask the licensed physician to accomplish and sign the CLAIMS MEDICAL REPORT (CMR) below.
3. If the licensed physician confirms the diagnosis as Dengue with the signed CMR, submit it with the diagnostic test results to Pioneer by:
 - a. Scanning and sending via email to PLI_OpsClaims@pioneer.com.ph
 - b. Taking a picture and sending via Viber to 0917 531 7213
 - c. Delivering the hard copies to any Pioneer branch

CLAIMS MEDICAL REPORT (DENGUE)

To be filled out by the attending physician

In order for the claim to be valid, the following definitions must be fulfilled:

Dengue. An acute mosquito-borne viral illness of sudden onset that belongs to the genus Flaviviridae. This infectious tropical disease is characterized by high fever, rash, headache, swollen lymph nodes and severe muscle and joint pains. Diagnosis must be a confirmed Dengue Fever (DF), Dengue Hemorrhagic Fever (DHF), or Dengue Shock Syndrome (DSS). This should be confirmed by diagnostic tests (Elisa IgM or Polymerase chain reaction).

Physician. A person legally licensed to practice medicine and/or perform surgery in the Philippines and must not be the Insured himself nor any member of his immediate family: parents, spouse, children, and siblings.

Name of Patient: _____

Address: _____

Diagnosis: _____

1. Are you the patient's usual medical attendant? () Yes () No.
Please state how long you have known the patient and provide the dates of the first and last consultation:

(Continuation of Medical Report)

2. Are you related to the patient? () Yes () No. If yes, how?

3. Please write out the History of Present Illness and your Physical Examination Findings:

4. What were the laboratory tests or ancillary procedures done?
What are the results? Please attach a copy of the results to this Medical Report.

5. Has the patient previously suffered from the condition specified under the stated definition of Dengue? () Yes () No. If "Yes", please state dates of consultation and resulting diagnosis.

6. In your opinion, does the condition suffered by the patient fulfill the definition of Dengue? () Yes () No.

DECLARATION

I hereby certify that the above statements and facts which answer the preceding questions are true and that I have not withheld any material information in connection with the above condition.

Date

Physician's Signature over Printed Name

License Number: _____

Contact No.: _____