YapıKredi Insurance

GROUP HEALTH INSURANCE SUBROGATION FORM

Card Nr. : ....

Group Name : ....

Policy Nr. : ....

Name-Surname of Insured : ....

IN-PATIENT COVERAGES	% OF COVERAGE	SUM OF INVOICE		SUM OF CLAIM PAYMENT	
HOSPITAL SERVICES (SURGICAL OPERATION-IN PATIENT-MINOR SURGERY)					
OUT-PATIENT COVERAGES					
DOCTOR OFFICE VISIT					
PRESCRIBTION DRUGS					
LABOROTORY TESTS					
RADIO DIAGNOSTICS					
COMPUTED TOMOGRAPHY(CT)					
ANGIOGRAPHY					
MAGNETIC RESONANCE IMAGING (MRI)					
SCINTIGRAPHY					
ENDOSCOPIC DIAGNOSTICS					
PHYSIOTHERAPY/PHYSICAL TERAPY					
OTHERS					
		TOTAL			

I, the undersigned .... have received the total indemnification of my claims amounted ....TL .... kr. my recorded bank account number(*). This amount is related to the above loss in full and final settlement,. satisfaction, compensation according to the conditions and limits of my Group Health Insurance Policy from Yapı Kredi Sigorta A.Ş.

I release of all my claims of any nature whatsoever concerning the above. I place on record that by virtue of such indemnification Yapı Kredi Sigorta A.Ş became subrogated to all my rights and remedies in and in respect of the subject matter insured in accordance with the laws governing the contact of insurance. I settlement related to the above claim and in case of collection of any mount or delivery of any shorthanded or missing pieces to me, I undertake to refund Yapı Kredi Sigorta A.Ş. the insured value of the same

(*)This subrogation form will prevail when total indemnification put into recorded bank account.

Indemnification Recipient

Name - Surname : ....

Bank Name : .... Branch Name / Code : ....

IBAN : T R | | | | | | | | | | | | | | | | | | | | | | | | (Please declare your bank account number if you do not declare before or want to change the recorded number.)

Signature : .... Date :....../......./20........

60 180 05 019

Koç UniCredit Group

Yapı Kredi Plaza A Blok Büyükdere Caddesi Levent 34330 İstanbul
Phone : (0212) 336 09 09 Fax : (0212) 336 08 88 www.yksigorta.com.tr