

Medical Consent Form

Department of Social Security
Pensions and Overseas Benefits Directorate
Tyneview Park
Whitley Road
Newcastle upon Tyne
NE98 1BA

Our Ref:

I hereby consent to Millstream Claims seeking reimbursement of medical expenses paid by them arising out of medical treatment received in * on * from various medical sources.

Signature:Date.....

Full Name of Person signing disclaimer.....

National Insurance Number.....

National Health Service Number.....

European Health Insurance Card (EHIC) Number.....

Nationality.....

Please note that we, Philip Williams and Company, are handling your claim on behalf of Millstream Underwriting Ltd