DHSS/AHQ 1

Confirmation Letter
Ministry of Public Health
Alternative Hospital Quarantine

Patient's Name:________________________________**Passport No.**_________________________

Nationality:____________________________**Sex:** ☐ **Male** ☐ **Female**

Please Check: ☐ **Name of Land Checkpoint: :** ____

☐ **Name of Airline** _____________________**Flight No.:**_____________________

Date of Arrival:_______________________________

Date of Admission:____________________________**Date of Discharge:** _____________________

Accommodation in Thailand:____

This is to certify that the above patient has been accepted for treatment and/or medical procedures under my attendance during the period described below.

The conditions to be treated and the procedures are:

Medical conditions:____

____

Planned procedures:____

____

Treatment period:____

Name of Hospital:____

Address:____

Telephone:___________________________________Fax:_____________________________

Name of Attending Physician:____

Medical license Number:____

Estimated medical expenses:____

The patient(s) and their entourage(s) have to quarantine in the hospital not less than 14 days.

Payment for this medical service is to be paid by:

☐ The patient ☐ Health Insurance/Life Insurance

☐ The Government of..

(Name of the Payer Agency...)

☐ Other Health Plan...

(Signature)..................................(Authorized Representative)

Name..................................and Position....................................

Date (................../................../..................)

(Hospital Seal)

International Health Division

No. 0712.06/ ..../ **Year...20**.........................

Date...

Time...

(Signature) ....

(Authorized of International Health Division, Department of Health Service Support)

Note: The patient(s) who request for medical treatment in the Alternative Hospital Quarantine program must pay all actual expense for themselves and their entourage(s) unless the patient(s) is unable to pay for any reasons, the hospital(s) where the patient and the entourage(s) receive the treatment, shall accept to have a responsibility for all medical expenses occurred without a medical claim from the government agencies.

Version II, as of 21 August 2020