



Claims Department
P.O. Box 47
Stevens Point, WI 54481-0047
Fax: 715.295.1113 or 715.345.1141
www.travelguard.com

AIG Claims Inc. is a wholly owned subsidiary of AIG and provides claims administration for Travel Guard® travel insurance products.

Medical Certificate

Note:

- Please answer all questions. Incomplete form will cause a delay in our assessment. Please complete in CAPITALS.
- All information is treated as private and confidential

TO BE COMPLETED BY INSURED

1. Patient's Name: Gummalla subbarao	2. Patient Date of Birth (MM/DD/YYYY): 04/24/1953
3. Insured's Name: Charan saidev Ganga	4. Insured's Relationship to Patient: Grand son
5. CLAIM NO.: UC8115839380	6. Scheduled Departure Date (MM/DD/YYYY): 06/06/2025
7. Insurance Purchase Date (MM/DD/YYYY): 12/19/2024	8. Scheduled Return Date (MM/DD/YYYY): 07/03/2025

ATTENDING PHYSICIAN'S STATEMENT - TO BE COMPLETED BY PHYSICIAN

1. On the Insurance Purchase Date <u>[see #7 above]</u> , was the Patient:		
A) Under Your Care:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Comments: Mr. Subbarao has been under my regular supervision for general health concerns.
B) Medically Able to Travel:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C) Taking any Medication Relevant to the Above Condition(s):	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
D) Undergoing any Tests or Waiting for Results of any Tests:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E) Aware of the Condition:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
2. Diagnosis - Nature of Injury or Sickness causing Cancellation/Interruption: (Please be specific)		
a) Primary Diagnosis (ICD10):	Other forms of chronic ischemic heart disease	
b) Secondary Diagnosis (ICD10):	Unspecified asthma, uncomplicated	
3. a) When did symptoms first appear or injury occur? (MM/DD/YYYY)		05/04/2025
b) When did Patient first consult you for the above noted condition(s)? (MM/DD/YYYY)		05/04/2025 (Dr. M. Raghavendra)
c) If Patient was referred from another Physician, name of other Physician: Dr. M. Raghavendra, (Raghavendra Hospital)		Telephone Num: 9652522533
d) If Patient referred to another Physician, name of other Physician: : Dr. Srinivasa Reddy K, Karumuri Hospital (Cardiologist) Dr. G. Baburao, Babu Rao Hospital (Pulmonologist)		Telephone Num: Karumuri Hospital(7995981521), Babu Rao Hospital(+918632225544)
e) Names & Contact Numbers of all other Physicians involved: Dr. M. Raghavendra , Dr. Srinivasa Reddy, Dr. G. Baburao .		Telephone Num: Karumuri Hospital(7995981521), Babu Rao Hospital(+918632225544), Raghavendra Hospital(9652522533)
4. Date when Patient's medical condition last controlled and stable? (MM/DD/YYYY)		05/24/2025
5. Dates of all medical visits, treatment or care as it relates to the condition(s) causing Cancellation/Interruption of Travel: 1) 05/04/2025 - Patient experienced chest pain, consulted Dr. Raghavendra 2) 05/04 to 05/06/2025 - Admitted to ICU at Karumuri Hospital under Dr. Srinivasa Reddy Angiogram done - No clots, but thin arteries observed Blood thinners prescribed; advised complete rest 3) 05/17/2025 - Follow-up at Karumuri; referred to pulmonologist due to history of asthma 4) 05/17/2025 - Consulted Dr. G. Baburao at Babu Rao Hospital (Pulmonologist) 5) 05/24/2025 - Revisited Dr. Raghavendra; advised not to take any stress or caregiving duties 6) 05/28/2025 - Travel cancelled by grandson upon medical advice		
6. What date did you advise there was a need to cancel or interrupt the travel arrangement? (MM/DD/YYYY)		05/24/2025
7. Give full descriptions of illness or injury that caused the cancelation or interruption of travel: Patient, Mr. Subbarao (age 72), experienced chest pain and was diagnosed with abnormal ECG. After consultation at Karumuri Hospital, an angiogram revealed thin heart vessels (no blockage or clots). He requires blood thinners and strict rest. Due to his age, cardiac vulnerability, and long-standing asthma, he was further referred to a pulmonologist. His condition requires constant monitoring, and he is unfit for travel or exertion.		

Physician / Specialist Declaration

I have examined the patient and / or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.

Physician / Specialist Name: Dr. M. Raghavendra	Specialty: MBBS, MD, (General Medicine)	Physician Remarks: "Patient has underlying chronic heart vessel thinning and asthma. Advised against stress or caregiving tasks. Patient is medically unfit to travel due to the risk of complications."
Address and Phone Number: RAGHAVENDRA HOSPITAL Neuro - Cardiac Care & Diabetes Centre Old Dr. Mannem Koteswara Rao Hospital, S.P.P. Road, PONNUR - 522 124. Guntur Dt. (A.P.), India (9652522533)		
Physician / Specialist Signature:	Date Signed (MM/DD/YYYY)	



Claims Department
P.O. Box 47
Stevens Point, WI 54481-0047
Fax: 715.295.1113 or 715.345.1141
www.travelguard.com

AIG Claims Inc. is a wholly owned subsidiary of AIG and provides claims administration for Travel Guard® travel insurance products.

Medical Certificate

- Note:
- Please provide contact information for all Physicians or any Provider of Medical Services that the person having the Sickness or Injury had seen 180 days prior to the purchase of this insurance policy through the Scheduled Departure Date.
 - All information is treated as private and confidential

Provider #1			
Hospital / Clinic Name:	RAGHAVENDRA HOSPITAL Neuro - Cardiac Care & Diabetes Centre		
Physician Name:	Dr. M. Raghavendra		
Address:	Old Dr. Mannem Koteswara Rao Hospital, S.P.P. Road, PONNUR - 522 124. Guntur Dt. (A.P.),India		
City, State/Province, Zip	PONNUR - 522 124. Guntur Dt. (A.P.),India		
Country:	INDIA		
Telephone Number:	9652522533	Fax Number:	
Email Address:	333.raghu@gmail.com		
Illness / Injury:	Chest Pain / Abnormal ECG		

Provider #2			
Hospital / Clinic Name:	Karumuri Super Speciality Hospital		
Physician Name:	Dr. Srinivasa Reddy K		
Address:	Dr. No. 13-4-73, Old Club Road, Kotha Peta, Guntur - 522001, Andhra Pradesh, India		
City, State/Province, Zip	Guntur - 522001, Andhra Pradesh, India		
Country:	INDIA		
Telephone Number:	7995981521	Fax Number:	
Email Address:	help@karumurihospital.com,		
Illness / Injury:	Heart-related issues (Thin arteries, no blockage)		

Provider #3			
Hospital / Clinic Name:	Babu Rao Hospital		
Physician Name:	Dr. G. Baburao		
Address:	Seelam Vari St, Kothapeta, Guntur, Andhra Pradesh 522001, India		
City, State/Province, Zip	Guntur, Andhra Pradesh 522001, India		
Country:	INDIA		
Telephone Number:	+918632225544	Fax Number:	
Email Address:	-----		
Illness / Injury:	Chronic Asthma		