

**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***