Patient Insurance centre

Power of attorney

With this power of attorney, you can authorize another person to attend to your patient injury case on your behalf and cancel the authorization you have previously given.

Authorization

I hereby authorize the representative below to attend to the patient injury case on my behalf.

Details of the authorized representative

Name of the authorized representative

Postal address

Postal code

Town and country if other than Finland

Telephone (including area code)

E-mail

Claim reference number (if known)

Payment of compensation

Any compensation payable under the patient insurance shall be paid (choose one option only)

☐ to the authorized representative's bank account

☐ to the patient's or other claimant's bank account

☐ to the bank account of the trustee (custodian or guardian) of an underage or otherwise legally incompetent claimant.

Bank account and account holder information

Bank account number to which the compensation are to be paid (IBAN-form, 18 characters)

Account holder's name

Cessation of the validity of the authorization

The validity of the authorization will cease when a notice to this effect is received by the Patient Insurance Centre.

☐ I wish to cancel the authorization I have previously given to.

Name of the authorized representative

Date and signature of the issuer of the authorization

Date

Signature and name clarification of the issuer of the authorization

Personal identity code

Empty the form

Patient Insurance Centre

P.O. Box 1, FI-00084 VAKUUTUSKESKUS

Phone + 358 40 450 4590

www.pvk.fi/en