Patient Insurance centre

Power of attorney in the case of death

Authorization

I hereby authorize the representative below to manage the patient injury case of the estate of the deceased and apply for and receive compensation paid for the patient injury.

Representative's information

Representative's name

Postal address

Postal code

City, land if other than Finland

Phone number (including area code)

E-mail

Information about the deceased

Name of the deceased

Patient Insurance Centre's claim reference number (if known)

Date and signature of the issuer of the authorization

Date

Signature of the person granting the authorization

Name in print

Clear form

Patient Insurance Centre

P.O. Box 1, FI- 00084 INSURANCE CENTRE

Tel. +358 40 450 4590

www.pvk.fi/en