

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.

I hereby authorize

Name of the authorized representative

Postal address

Postal code

Town and country if other than Finland

Telephone (including areacode)

E-mail

to attend to the patient injury case on my behalf.

Claim reference number (if known)

**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 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

Signature of the issuer of the authorization

Personal identity code

Patient Insurance Centre

P.O. Box 1, FI-00084 VAKUUTUSKESKUS

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www.pvk.fi/en