



**Confirmation Letter**  
**Ministry of Public Health**  
**Alternative Hospital Quarantine**

Patient's Name: Mr.AAA AAAA Passport No. THXXXXXXX

Nationality: THAILAND Sex:  Male  Female

Please Check:  Name of Land Checkpoint: \_\_\_\_\_

Name of Airline \_\_\_\_\_ Flight No.: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Accommodation in Thailand: \_\_\_\_\_

This is to certify that the above patient has been accepted for treatment and/or medical procedures under my attendance during the period described below.

The conditions to be treated and the procedures are:

Medical conditions: \_\_\_\_\_

Planned procedures: \_\_\_\_\_

Treatment period: 14 Day

Name of Hospital: XXX Hospital

Address: 88/44 Talat Khan Mueang Nonthaburi Nonthaburi 11000

Telephone: 02-XXX-XXXX Fax: 02-XXX-XXXX

Name of Attending Physician: 12345

Medical license Number: \_\_\_\_\_

Estimated medical expenses: \_\_\_\_\_

*The patient(s) and their entourage(s) have to quarantine in the hospital not less than 14 days.*

Payment for this medical service is to be paid by:

The patient  Health Insurance/Life Insurance

The Government of \_\_\_\_\_

(Name of the Payer Agency \_\_\_\_\_)

Other Health Plan \_\_\_\_\_

(Signature) \_\_\_\_\_ (Authorized Representative)

Name \_\_\_\_\_ and Position \_\_\_\_\_

Date (...../...../.....)

(Hospital Seal)

<b>International Health Division</b>	
No.0712.06 <u>XXX</u> Year <u>20 20</u>	
Date <u>23/8/2020</u>	
Time <u>00.00 น.</u>	
Signature <u>[Signature]</u>	
(Authorized of International Health Division, Department of Health Service Support)	

**Note:** The patient(s) who request for medical treatment in the Alternative Hospital Quarantine program must pay all actual expense for themselves and their entourage(s) unless the patient(s) is unable to pay for any reasons, the hospital(s) where the patient and the entourage(s) receive the treatment, shall accept to have a responsibility for all medical expenses occurred without a medical claim from the government agencies.