Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Preauthorisation medical form

Please complete clearly in BLOCK CAPITALS.

If you do not complete this form clearly and completely there will be a substantial delay to get preauthorisation.

Member's information:

Member's name:	Date of birth (dd/mm/yyyy):
Member ID:	Plan no:
Primary phone no:	Secondary/mobile no:
Email:	

Please return as soon as possible to: Aimedicalteammiddleeast@aetna.com

Provider information:

Name of facility:		
Address of facility:		
Town:	Postcode:	Country:
Name of attending doctor:	Provider contact name:	
Phone:	Fax:	
Email:		

Medical condition – to be completed by attending doctor (all fields are mandatory)

Please send any supporting medical documentation with this completed form.

Diagnosis:

Please advise if: Chronic ☐ Yes ☐ No Congenital ☐ Yes ☐ No

Underlying cause:

First consultation date (dd/mm/yyyy):	Symptoms/signs from (dd/mm/yyyy):

Has this or any similar condition existed previously? ☐ Yes ☐ No (if Yes please attach details)

Related illness:

Proposed treatment/procedure:

Admit as: ☐ Inpatient ☐ Daypatient ☐ Outpatient

Admission date (dd/mm/yyyy):	Estimated length of stay:

Cost estimate (to be completed by all relevant parties)

Surgeon's fee:	Ward round fee per day:	Anaesthetist's fee:
Room rate:	Class of room:	Package cost (if any):
Hospital charges:	Other cost:	
Total cost:		

Declaration

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Attending doctor's name:	
Signature:	Date (dd/mm/yyyy):

Financial Sanctions Exclusions

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

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Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.