



<p>InterGlobal Pre-Authorisation Form - Maternity (In-patient and Daycare only) Treating Specialist / Obstetrician or Hospital Insurance Office to Complete ***To ensure efficient processing of this application please ensure the form is completed clearly and legibly***</p>		
Patient's Family Name / Last Name	First Name:	
Patient's Date of Birth: / /		
Plan Name: Number:	Plan Number:	Member
Patient's Contact Phone Number: Patient's email address (if known): NB: Contact details <u>must be</u> provided to enable us to process the pre-authorisation, failure to do so may result in delays.		
Estimated Admission Date:		Expected Discharge Date:
NB: An estimated admission date <u>must be</u> provided before we can provide a Guarantee of Payment letter		
Specialist / Obstetrician Name:		
Telephone number:	Fax Number:	
E-mail Address:		
Please advise date of LMP: / /		
Please advise estimated delivery date: / /		
Please advise type of delivery:		
Normal Vaginal Delivery: <input type="checkbox"/> C- Section: <input type="checkbox"/>		
If C-Section, please advise the reason:		
Does the patient suffer from any medical conditions that might put the pregnancy at risk?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:		
I declare that to the best of my knowledge and belief the statements made on this claim for are full, true, and complete.		
Obstetrician signature:		Date: / /



Estimated Costs	
Please provide a breakdown amount in point a-f if you do not provide package prices, or please advise the package quote in point g.	
a) Surgeon's /Obstetrician's Fees:	d) Radiology Fees:
b) Anaesthetist's Fees:	e) Hospital Theatre Fees:
c) Laboratory Fees:	f) Medicines/consumables:
	g) Estimated package price if applicable:

Please note: If the patient is on a Moratorium Policy, we may need to obtain further details of previous medical history, before being able to approve costs for any admission related to a non normal vaginal delivery. Your assistance in providing this form, fully completed, at least 48 hours prior to discharge, is much appreciated.

Out-patient Treatment for agreed Direct Billing Hospitals

If an InterGlobal patient presents a gold membership card for out-patient treatment and you are a hospital on the InterGlobal Direct Billing Network, the insured will be entitled to receive out-patient treatment under the agreed direct billing terms. Please follow the agreed direct billing procedures that apply as no pre-approval is required for an out-patient procedure. If an InterGlobal client shows a non gold membership card, then they will have to pay and claim for their out-patient treatment.

Please fax this form back to us:

If you are in Kenya, Uganda, Tanzania or Rwanda:

+254 20 271 5328

If you are anywhere else in the world:

+64 9 356 1700

Should you wish to contact the International Helpline please use the details below:

If you are calling from Kenya, Uganda, Tanzania or Rwanda:
5 / 6

+254 20 271 7374 /

E-mail:

customerservice@aar.co.ke

If you are calling from the UK:

0800 0327 921

If you are calling from the United Arab Emirates:

800 0640 1957

If you are calling from any other country:

+64 9 356 2276

Email:

help@faops.com