MaxCare MiddleEast

Tel: 009714-236-7575
Fax: 009714-2367979

Pre-Authorization Request Form

VAN _____
Authorization/Reference No._____

Date: / /

Shift: ○ 6:30-14:30 ○ 14:30-22:30 ○ 22:30-6:30

Provider:

Contact:

Fax No.:

Patient's Details

Name:

MaxCare ID:

Diagnosis:

Inquiry: ☐ Emergency ☐ Maternity ☐ Outpatient ○ Procedure ○ Investigation
☐ Inpatient ☐ Pharmaceutical Number if Items:_____

Items Description:

Services / Items	Approved	Rejected

For MaxCare ME Use Only

Total Estimated Cost (Approved Items): AED

- Deductible: AED _____
- Limit: AED _____
- Co-Payment: AED _____

_____
MaxCare Officer Signature

Important Notes:

1. The delivered pre-approvals are valid for agreed time frame in MOU or until policy expiry date whichever comes first. If the service was not rendered and rescheduled for another day, then the same request (authorization form) has to be re-faxed for a re-approval
2. Providers and/or beneficiary have 24 hours to contest the verbal pre-approval decision otherwise it is final.
3. Providers shall attach copy of the “Pre-authorization Form” to the original “Claim Form” for payment declaration;
4. Final payment is affected as per the agreed tariffs of the pre-approved services/items.
5. Any changes (addition/substitution) to the approved services/items, providers shall notify MaxCare and apply for a pre-approval. Any failure to do so, it may result in the non-settlement of the invoice either fully or partially.