Pre-authorization Form

Please read the guidelines overleaf, ensure that all relevant information is completed in **BLOCK CAPITALS** and that the relevant boxes are ticked.

orient
orient insurance pjsc
Allianz Worldwide Care Designed Products

1 Insured section - to be fully completed by the insured member/patient

Name of patient

Date of birth D D M M Y Y

Policy Number

Telephone COUNTRY CODE AREA CODE

Fax COUNTRY CODE AREA CODE

Email

2 Provider section - to be fully completed by the medical provider

Hospital/facility name and address

Email

Telephone COUNTRY CODE AREA CODE

Fax COUNTRY CODE AREA CODE

Name of the attending/admitting physician

Admission type: ☐ In-patient ☐ Out-patient ☐ Dental

Diagnosis (ICD-10) or any other code if available, otherwise a full description

Planned procedure with medical justification

For in-patient treatment

Planned admission date D D M M Y Y

Estimated cost (incl. currency)

Estimated length of stay

For maternity cases only

Date pregnancy confirmed by doctor D D M M Y Y

Expected or actual date of delivery D D M M Y Y

Is the birth of a single baby expected? Yes ☐ No ☐

If No, is the pregnancy a result of medically assisted reproduction other than artificial insemination? Yes ☐ No ☐

Please sign, date and authenticate with an official stamp.

Official stamp of medical provider

Doctor's signature

Date D D M M Y Y

3 Data Protection Acts and release of medical records

References to information includes personal information given by you to us, in your Claim or Pre-authorization Form and/or supporting documents/ information we collect in connection with products or services we provide.

Uses: Personal information may be used for insurance administration (e.g. underwriting, claims handling, fraud prevention). We may use third parties to process data on our behalf. Such processing is subject to contractual restrictions regarding confidentiality and security in line with Data Protection obligations.

Sensitive data: We need to collect sensitive data relating to you (e.g. health details), to assess insurance terms and/or administer claims.

Retention: We are obliged to retain your records for six years from the date the insurance relationship ends. We will not retain your data for longer than necessary and will hold it only for the purposes for which it was obtained.

Representation and consent: By signing this form you confirm that you have the authority to act on behalf of your dependents in respect of all personal information you provide to us, and that you consent to the disclosure, processing, usage and retention of this information in relation to yourself and on behalf of your dependents.

Access: You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, please send your request in writing by post to: Orient Insurance PJSC, Allianz Worldwide Care Designed Products, 02a Orient Building, Al Badia Business Park, Dubai Festival City, P.O. Box 27966, Dubai, UAE.

Call recording: Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorize my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information relating to me, if requested by Orient Insurance PJSC, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

If a minor is being treated, a parent or guardian should sign and date this section.

Patient's signature _____ Date D D M M Y Y

4 Third party authorization

As the patient I hereby authorize INSERT NAME OF THIRD PARTY
to act for and on my behalf in relation to the administration of this pre-authorization which may include the disclosure of sensitive medical information.

If a minor is being treated, a parent or guardian should sign and date this section.

Patient's signature _____ Date D D M M Y Y

Patient's printed name _____

To the insured member/patient

In order to ensure swift guarantee of your treatment, please ensure that you complete all questions in the insured section. Please also ensure that your doctor completes all questions in the provider section.

Failure to complete this form fully will delay our ability to guarantee your treatment as we may have to revert to you or the medical provider for further information.

The patient's policy must be in force at the time of treatment.

Please be advised that guarantee of payment is subject to the terms and conditions of the insurance policy and also subject to the medical assessment of all relevant documentation received, or yet to be received, by Orient Insurance PJSC in respect of this medical condition.

To the medical provider

We guarantee payment of the expenses specified in this Pre-authorization Form in accordance with the following conditions:

(a) The hospital will undertake the specified procedures within seven days of the date of this guarantee.
(b) If additional treatment is required, we must be notified.
(c) The hospital should submit this Pre-authorization Form and the corresponding itemized invoices to us within 30 days of patient discharge.
(d) We will settle the guaranteed expenses within 30 days of receipt.
(e) Please note that all invoices should be submitted within 60 days of patient discharge. Where special arrangements have been agreed between us and the medical provider, these arrangements will apply.

Please send your fully completed Pre-authorization Form as follows:

By email to: medical.services@international-healthcare.com
By post to: Orient Insurance PJSC
Allianz Worldwide Care Designed Products
Al Badia Business Park
Dubai Festival City
P.O. Box 27966
Dubai, United Arab Emirates

We advise that you keep copies of all your correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.

If you have any queries, please contact our Helpline on:
800 6334 (toll-free from inside the UAE) or +971 (0)56 681 9977 (from outside the UAE)
Fax: +971 (0)4 251 5071

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