



Pre-authorisation request form

When submitting the claim to AXA, this form must be attached along with the claim form and other supporting documents. Please copy the prior approval no mentioned hereunder onto the claim form.

Please fax your prior approval request to AXA on UAE 00 971 4 429 4099, Bahrain 00 973 17 582 648, Qatar 00 974 412 8734, KSA 00 966 1 477 3097

Hospital name:

Contact no:

Date received:

Physician name:

Contact no:

No. of pages:

A. Administrative

Membership no:		Group/Company name:	
Patient date of birth: <small>dd/mm/yyyy</small>	Gender:	Patient name:	
Policy/Group no:	Plan:	Patient phone:	
Date of admission:	Date of discharge:	If emergency admission: Details about Cause, Date, Place of accident	

B. Medical section

Symptoms presented	Date the patient first became aware of any signs or symptoms for this condition: <small>dd/mm/yyyy</small>	Date on which the patient first presented to any doctor for this condition: <small>dd/mm/yyyy</small>
Details of medical condition		
Full details of proposed treatment/surgery		

C. Total cost of treatment (Itemised breakdown of charges)

	Cost
Length of stay	

D. Other insurer's details (Please tick appropriate box)

Is the treatment work related? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the treatment accident related? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it covered under another insurance policy? If 'yes' please give the name of the Insurance company involved.	

E. Approval request for (Please tick appropriate box)

<input type="checkbox"/> In-patient	<input type="checkbox"/> Daycare	<input type="checkbox"/> Out-patient surgery	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> MRI/CT Scan	<input type="checkbox"/> Dental	<input type="checkbox"/> Maternity
Other please specify						

Medical practitioner declaration

I declare that I am the patient's medical practitioner, and that the particulars given are to the best of my knowledge true and correct.	
Signature:	Stamp:
Date:	

F. AXA response

Maximum cost approved	Prior approval no:
Maximum stay approved	
Authorised signature	Date:

NB: If the approved cost of treatment or maximum stay are to be exceeded, further approval must be sought before discharge. All unapproved charges are the responsibility of the patient and must be recovered by the hospital/clinic from the patients prior to discharge.

If you have any questions regarding this form or any other aspects of the cover, please telephone on: UAE 00 971 (4) 429 4000, Bahrain 00 973 17 582 612, Qatar 00 974 412 8733, KSA 00 966 1 478 0282 – Ask for Medical Department.