



Pre-Authorization Request Form

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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:

Table with 3 columns: Items Description, Approved, Rejected. Includes header 'For MaxCare ME Use Only'.

Total Estimated Cost (Approved Items): AED

Deductible: AED Co-Payment: AED
Limit: 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.
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.