Liberty Health Cover

Hospital and Scan Pre-authorisation Form



LIFE INVESTMENTS INSURANCE HEALTH PROPERTIES ADVICE

 $Important: please \ read\ the\ following\ before\ completing\ this\ application\ form$

• Please write clearly using capital and block letters.

- It is compulsory to complete all the fields in this form.
- Please submit your completed form to our Liberty Health Cover in-country office.

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PATIENT'S DECLARATION
I am aware that the Insurer may request relevant medical information from any medical facility, laboratory, clinic, hospital, doctor or specialist that it requires to
make an appropriate funding decision about my care.
In order for the Insurer to fully assess this application for benefits, I hereby give my consent for them to obtain this information from the relevant healthcare
provider. I further understand that this application is subject to the Liberty Health Cover Policy Conditions, available benefits and relevant funding protocols.
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