

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

### 1. PERSONAL DETAILS | PRINCIPAL MEMBER OR POLICYHOLDER

Please complete in block capitals

First name and last name

Title  Membership or policy number

### 2. GENERAL PATIENT INFORMATION

Please complete in block capitals

Patient's first name and last name

Title  Date of birth           Gender

### 3. DOCTOR AND PROVIDER DETAILS

Please complete in block capitals

Hospital name

Hospital Practice No.

Treating doctor's first name and last name

Practice/Registration No.  Speciality

Work number (include country and area code)  +

Mobile (include country and area code)  +

E-mail

### TO BE COMPLETED BY THE ATTENDING MEDICAL PRACTITIONER

#### ADMISSION DETAILS

Please complete in block capitals

Date of admission           Time of admission  :   AM PM

Ward Type

General  Surgical  Maternity  Paediatric  Isolation  Day ward  Psych  ICU

Date of discharge

Initial diagnosis & ICD-10 code

Discharge diagnosis & ICD-10 code

Description of procedure/operation

Tariff code  CPT code  Emergency admission

