Heritage
Insurance Company
A member of LIBERTY

THE HERITAGE INSURANCE COMPANY KENYA LIMITED
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Pre-authorisation Approval Request Form

Name of hospital

Tel Fax

Name of company/client

Employee name Gender M F

Staff No. (*if available*)

ID number Policy/Membership No.

Tel (Member's)

Patient's name Date of Birth D D – M M – Y Y Y Y

Provisional/Final diagnosis: .....

When was the condition first diagnosed? D D – M M – Y Y Y Y When was the condition last treated? D D – M M – Y Y Y Y

Cause of illness/es: .....
(or any known underlying condition)

Is the condition congenital/recurring: .....

Surgical Y N Is this the first Caesarean Y N

Has an HIV test been done? Y N If yes, what are the results? .....

Approval request for (tick as appropriate):

- ☐ Emergency in-patient
- ☐ CT Scan
- ☐ Non-emergency
- ☐ MRI
- ☐ Non-emergency out-patient surgery
- ☐ Physiotherapy
- ☐ Dialysis
- ☐ Angiogram

Others (please specify): .....

Brief history and findings: .....

Initial plan of management: .....

Estimated hospitalisation duration: ..... Estimated cost of Treatment: .....

Doctor's name: ..... Tel: .....

PROVIDER'S DECLARATION

I hereby confirm that the information provided above is correct and true to the best of my knowledge.

Doctor's stamp

Signed Date D D M M C C Y Y

PATIENT/PATIENT'S GAURDIAN DECLARATION

I ..... do hereby authorise any doctor, hospital, clinic or medical provider, any other company, institution or person who has record or information about me and/or my family members to provide my Insurer with complete information including copies of their records with reference to my sickness or accident, any treatment, examination, advice or hospitalisation. **I have also been advised by** ..... **and have understood the various exclusions**. Any photocopy of this authorisation shall be taken as the original copy. *I WILL SUBMIT MY NHIF CARD (If NHIF Contributor) within 24 hours from time of the admission.*

Patient/Parent/Guardian's name:

Patient/Parent/Guardian's signature:

Cell phone no.

Date D D M M C C Y Y