

PRE-NOTIFICATION FORM FOR HOSPITALIZATION, SURGERY AND SPECIAL STUDIES

Policy Number: _____ Effective Date: ___/___/____ Exp.Date: ___/___/____

Policy Holder: _____ Identification Number: _____

Hospital/Institution: _____

Name of informant: _____ Report Date: ___/___/____

Telephone: _____ Fax number: _____

Email: _____

Patient Information

Name: _____ Sex: F M Age: _____

Date of birth: ___/___/____ ID Number: _____

Relationship to subscriber: Policy Holder Spouse Son Daughter Others

Type of Coverage

Ambulatory Special studies Hospitalization Procedures

Admission date: ___/___/____ Estimated hospital days: _____

Physician: _____ Signature _____ Code _____

Diagnosis: _____

Onset date of symptoms or injury: _____

Additional medical information: _____

Description of special procedures or studies: _____

CPT CODES : _____, _____, _____, _____.

Charges

International Hospital room and board: _____

Surgeon`s R&C fees: _____

Assistant Physician fees: _____

Anesthesiologist fees: _____

Date of surgery or special studies: _____

IMPORTANT: Be sure to submit this application directly to the Offices of San Jose, Central, Cathedral, Avenue 8, 25th Street, 10104-Costa Rica. Phone: 4052-3030.

For emergencies, contact our offices (506) 4052-3030, 24 hours and send this via email to:

preautorizacion@assanet.com , with a maximum period of 48 hours after patient admission.

In case another procedure is required, send a new request for proper approval. * For the processing of claims, send a copy of the clinical file, results of studies and medical records that are practiced to the patient, medical prescriptions and all original invoices of care, pharmacy and other.

ASSA Compañía de Seguros, S.A., may request a copy of the medical history, if necessary. This pre-authorization is subject to the conditions stipulated in the policy contract of the product purchased by the insured in terms of definitions, waiting periods, risks and expenses excluded, maximum sum insured and other established limits of coverage.

This document constitutes an application for pre-authorization, does not represent any guarantee that the expenses incurred in hospitalization, surgeries or special studies, are accepted by the Company, since they are subject to compliance with the contractual conditions.

Date: _____ Policy Holder name: _____

Signature: _____ ID Number: _____