

Generali Worldwide Health Insurance – Healthcare Pre-Authorization



Please complete this form using **BLOCK CAPITALS** or tick the boxes, where appropriate.

Pre-Authorization form and related correspondence must be forwarded to Generali Worldwide.

Attention: Medical Management

Email: medical@generalihhealth.com

Fax: +1 (905) 669 2524 or (242) 323 8975 (Bahamas Only)

INSTRUCTIONS

1. Member/Provider to complete Sections A and B.
2. Provider to complete Sections C and D.
3. Submit pre-authorization and supporting medical documentation via fax or email. Please allow 2 to 5 business days for processing.
4. Pre-authorization decision will be communicated to the provider via fax or email along with benefits, if applicable.

Pre-Authorization is required for all Hospital Confinements; outpatient surgery; rehab; chemotherapy; radiation therapy; DME; emergency medical transfer; home health; obstetrical ultrasounds exceeding two per pregnancy; commercial transportation; MRIs, C-T and PET scans, and all diagnostic procedures exceeding \$1,000. You MUST notify Us at least 5 business days prior to a scheduled or elective Confinement or treatment plan. If advance notice cannot be provided due to an Emergency, We must receive notification from within the later of 48 hours or the end of the first business day following the beginning of the service. If Pre-Authorization is not obtained, cover for services received may be subject to a denial or a reduction in benefits to 50%. Services requiring pre-authorization are subject to change without notice.

PRE-AUTHORIZATION NUMBER:

SECTIONS A AND B ARE TO BE COMPLETED BY THE MEMBER OR THE PROVIDER

A. POLICY HOLDER (PRINCIPAL MEMBER) INFORMATION

First Name:

Last Name:

Date of Birth:

MM / DD / YYYY

Group Name/Number:

Membership Number:

B. PATIENT INFORMATION

First Name:

Last Name:

Date of Birth:

MM / DD / YYYY

Gender: Male Female

Email Address:

Telephone (include area code):

If the patient is covered by another health plan, please provide Insurance Company Name and Address:

SECTIONS C AND D ARE TO BE COMPLETED BY THE PROVIDER

C. PROVIDER INFORMATION

Attending Physician's Name:

Telephone (include area code):

Fax (include area code):

Facility Name where Services will be Rendered (if different from above i.e. hospital name, center):

Telephone (include area code):

Fax (include area code):

Email Address:

D. CLINICAL INFORMATION

Diagnosis/ ICD-9 Code and Description:

Date of onset of illness / Symptoms:

If pregnancy related, indicate if this is an assisted pregnancy: Yes No

Is this Related to an Accident? Yes No

Recommended Procedure/ CPT Code and Description:

Date of procedure:

Is Assistant Surgeon required at procedure? Yes No

Is this procedure: Admission? – Approximate LOS:

Outpatient Surgery?

In-office Procedure

Est. Cost of Procedure:

Clinical Details – Please attach medical notes applicable to the medical diagnosis.

I declare the statements made herein are true and complete to the best of my knowledge. I understand that any misrepresentation, incorrect or concealed information or failure to fully complete all sections may affect the benefits provided. In addition, I understand that submitting this form containing false or deceptive statements is considered to be fraudulent activity. I understand that failure to submit supporting medical documentation may delay the processing time of this pre-authorization.

Signature of Provider:

Date:

NOTE: PRE-AUTHORIZATION APPROVAL IS VALID ONLY ONE MONTH FROM DATE INDICATED.

THIS IS NOT A GUARANTEE OF PAYMENT. BENEFITS WILL BE SUBJECT TO ALL POLICY REQUIREMENTS BEING IN EFFECT AT THE TIME SERVICES ARE RENDERED.

Office: Generali Worldwide, Suite 14, Grand Pavilion Commercial Centre, 802 West Bay Road, Grand Cayman, KY1-1003

Mailing address: Generali Worldwide, PO Box 10281, Grand Cayman, KY1-1003 Cayman Islands.

Regulated in the Cayman Islands as a licensed insurer by the Cayman Islands Monetary Authority.

Incorporated in Guernsey under Company Registration No. 27151.

Tel. +1 345 940 2000 Fax +1 345 943 7288 Email caymanservicing@generali-healthcare.com

generali-healthcare.com

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Regulated in Guernsey as a licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

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