

# Generali Worldwide Health Insurance – Pre-Authorization Form For Therapy



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](mailto: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 required for Physical Therapy, Occupational Therapy, Speech Therapy and Chiropractic Treatments. Please allow at least 2-5 business days for the Pre-Authorization to be processed.** Chiropractic Services must be authorized after the initial visit. For all other therapies, authorization must be obtained after the first 6 visits. Failure to obtain continued authorization under the utilization management program may be subject to a denial or a reduction in your benefits to 50%.

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:

Group Name/Number:  Membership Number:

**B. PATIENT INFORMATION**

First Name:  Last Name:

Date of Birth:  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**

Medical History related to Diagnosis:

Current Patient Evaluation – please attach initial report:

Diagnosis/ ICD-9 Code and Description:

Date of onset of Symptoms:  Is the condition related to an Accident?  Yes  No

Est. Cost PER Treatment:

Type of service to be rendered:

Treatment Plan (Frequency and Duration of Service Requested i.e. number of sessions/week, number of weeks):

Total Number of Treatments Requested:

Expected Degree of Functional Improvement and Prognosis:

Dates of treatment already Rendered (if applicable):

Treatment 1:	<input type="text" value="MM / DD / YYYY"/>	Treatment 2:	<input type="text" value="MM / DD / YYYY"/>	Treatment 3:	<input type="text" value="MM / DD / YYYY"/>
Treatment 4:	<input type="text" value="MM / DD / YYYY"/>	Treatment 5:	<input type="text" value="MM / DD / YYYY"/>	Treatment 6:	<input type="text" value="MM / DD / YYYY"/>

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 ONLY VALID FOR 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.

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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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