



HOSPITALIZATION PRE-AUTHORIZATION FORM

JUBILEE HEALTH INSURANCE LIMITED

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DIRECTIONS:

Please read carefully and fill out the entire form.

1. Answer all questions otherwise there may be delays in preauthorization of the admission and/or bills/invoices may not be paid. (Complete in **CAPITAL** letters).
2. A duly completed and signed inpatient form should be sent to Jubilee Health Insurance Limited within 24hrs of admission of one of its members to your hospital.
3. All **FIELDS MUST** be completed to avoid delay or rejection of the authorization.

TO BE FILLED BY THE INSURED/PATIENT

Patient Name

Gender: Male Female Age: Years _____ Months _____

Date of birth Mobile No. Member number

Scheme

Name of employee

Relation to insured Self Spouse Child

TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL

Name of hospital

Date of admission Time

Is it an emergency /a planned hospitalization event? Emergency Planned Day Case

Presenting complaints

Relevant clinical findings

Duration of the present ailment _____

Provisional diagnosis

Past history of present ailment if any

Date of diagnosis

Proposed line of treatment:

Medical management Surgical management Intensive care Investigative care

If investigation/medical management provide details

If surgical, name of surgery:

If other treatments provide details:

In case of accident/injury:

Is it RTA Yes No

Details of injury?

Date of Injury

Injury/Disease caused due to substance abuse/Alcohol consumption

Yes No

Attach copy of test conducted to rule out the report

In case of **maternity**

G

P

L

A

EDD

Length of stay _____

(Days)

Present/Past history of any chronic illness if yes, since (month/year)

Diabetes

Alcohol/Drug abuse

Heart disease

HIV/Immuno suppression

Hypertension

Thyroid disease

Hyperlipidemias

Congenital/Recurrent

Osteoarthritis

Psychiatric condition

Asthma/COPD/Bronchitis/TB

Paralysis/CVA/Epilepsy

Cancer/Tumor/Cyst

Any other ailment, give details:

Specialty	Name of the Doctor	Charges
Physician		
Surgeon		
Anesthetist		

Estimated cost of treatment:

PATIENT'S DECLARATION

- I hereby authorise the hospital/physician to submit all the details and original documents requested for and pertaining to hospitalization to Jubilee Health Insurance Limited.
- Payment to the hospital is governed by the terms and conditions of the policy. In case Jubilee Health Insurance Limited is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
- I hereby confirm that the information provided is accurate and correct to the best of my knowledge and I am aware that any fraudulent, false, intentionally exaggerated or unfounded, suppressed information provided in respect to the claim, may cause the claim to be forfeited and not payable/recoverable by Jubilee Health Insurance Limited.

Patient's/Insured's name: _____ Patient's/Insured's signature: _____

DOCTOR'S DECLARATION

- We have no objection to any authorized Jubilee Health Insurance Limited official verifying documents pertaining to hospitalization.
- We agree that Jubilee Health Insurance Limited will not be liable to make payment in the event of any discrepancy between the information in this form and the discharge summary or other relevant documents.
- We agree to provide clarifications for the queries raised regarding this hospitalization. In addition, medical reports will be provided within 24 hrs upon request.

Doctor's name: _____ Doctor's signature: _____

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed discharge summary and all bills from the hospital.
- Radiological test report from Radiologists and Surgeon's report and bills.