

Predetermination Approval

Request Form



Gulf Operations

► Complete the form in **Capital Letters**

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Note: This authorization is valid for one (1) month from the date of the signature of MetLife Authorized Officer. Subject policy terms and conditions and card validity on the day of service.

Hospital/Clinic Name Physician Name

Tel. No. Fax Date

Patient Name Patient Contact No

Policy Number Certificate No

Main Complaints and Duration

Please specify the onset of the present illness

Diagnosis

Date of previous treatment/Consultation for this disability

Approval Requested for:

a. In-Hospital Admission b. CT Scan c. M.R.I.

d. Out-Patient Surgery e. Physiotherapy (No. of sessions)

f. Others (Please Specify)

Name of surgery

Estimated days of hospitalization (If any)

Estimated cost of treatment

Note: "Authorization is given based on information available to MetLife at the time of the authorization. However, MetLife reserves its right to revoke at any time. The authorization given, in the event MetLife obtains and/or receives any information that would normally prevent the Policyholder from receiving medical benefits under the Policy."

For MetLife use only

MetLife decision

Attended by

Number of approved days

Signed by

Date