

Predetermination Approval (Request Form)



American Life Insurance Company
WILMINGTON, DELAWARE, U.S.A., INCORPORATED 1921

GULF OPERATIONS
P.O. Box 371916, Dubai, United Arab Emirates

▶ Complete the form in **CAPITAL LETTERS**

NOTE : This authorization is valid for one week from the date of the signature of MetLife Authorized Officer.

Hospital / Clinic Name Physician Name
 Tel. Fax Date

Emergency treatment does not require MetLife approval / authorization provided that the insured holds valid MetLife ID card. The Medical Provider is required to notify MetLife through the pre-determination form within 24 hours or within the first working day after Holidays.

Patient Name Patient Contact No
 Policy Number Certificate No
 Main Complaints & Duration
 Pls. 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 Date

RIGHT TO APPEAL DECISIONS

Any time Utilization Review does not authorize a hospital confinement or any outpatient service, the covered person can appeal the decision by having his or her physician submit additional information to support the recommendation for confinement or outpatient service. This appeal must be directed to the claims office listed on the covered person's identification card. Utilization Review will review the appeal and advise the covered person of its decision.