تكافل بروني كلوارك
Takaful Brunei Keluarga | Family

Unit 1 & 2, Kompleks Seri Kuilap,
Kg Kiulap, Gadong, Bandar Seri Begawan BE1518,
Brunei Darussalam | Phone: 673 2456681 Fax : 673 2237045

eKlaims

PREAUTHORISATION NUMBER :

PRE – AUTHORIZATION REQUEST FORM

(PLEASE FAX THIS PRE-AUTHORIZATION REQUEST FORM TO TAKAFUL BRUNEI KELUARGA | FAMILY AT 673 2237045)

MEDICAL PROVIDER'S NAME:

NAME OF PATIENT:

MEMBER ID.: EMPLOYER :

POLICY NUMBER : PERIOD OF COVERAGE :

DETAILS OF MEDICAL CONDITION & DIAGNOSIS :	HAS THE PATIENT BEEN TREATED FOR THIS CONDITION BEFORE?	**[ ] YES, DATE :** **[ ] NO**
	IS THIS CONDITION FOR COSMETIC REASON?	**[ ] YES** **[ ] NO**
	IS IT DUE TO SEXUALLY TRANSMITTED DISEASE?	**[ ] YES** **[ ] NO**
DATE OF DIAGNOSIS :_____	IS THIS CONDITION A CONGENITAL ANOMALY?	**[ ] YES** **[ ] NO**
DATE OF FIRST CONSULTATION :_____	IS IT RELATED TO NERVOUS OR MENTAL DISORDER?	**[ ] YES** **[ ] NO**

DETAILS OF PROPOSED TREATMENT REQUIRED / DIAGNOSTIC PROCEDURE / SURGERY :

TREATING PHYSICIAN'S DETAILS

MEDICAL PRACTITIONER'S SIGNATURE & SEAL:_____

MEDICAL PRACTITIONER'S NAME_____

REGISTRATION NUMBER: _____

TEL NUMBER : _____ FAX NUMBER: _____ DATE: _____

ESTIMATED COST:	**ESTIMATED DAYS OF STAY IN THE HOSPITAL :**	
ROOM & BOARD CHARGES	PER DAY:	FOR TOTAL STAY IN HOSPITAL:
IN-HOSPITAL DOCTOR'S VISIT		
DOCTOR'S / SURGEON'S CHARGES		
ANAESTHESIA		
LABORATORY / RADIOLOGY CHARGES		
PHARMACEUTICALS		
OTHERS (PLEASE SPECIFY)		
APPROXIMATE TOTAL AMOUNT		
DEDUCTIBLE TO BE PAID BY PATIENT		

FOR INTERNAL USE ONLY

A.) FURTHER INFORMATION REQUIRED:

B.) STATUS:

THIS PRE-AUTHORIZATION IS ONLY VALID FOR A PERIOD OF 14 DAYS FROM APPROVAL DATE. IF TREATMENT IS DONE AFTER VALIDITY DATE, A NEW PRE-AUTHORIZATION IS REQUIRED. APPROVAL IS SUBJECT TO THE TERMS AND CONDITIONS OF THE INSURED'S POLICY. RELEVANT DOCUMENTATION HAS TO REACH TAKAFUL BRUNEI KELUARGA | FAMILY WITHIN 3 MONTHS FROM THE DATE OF INCIDENT.