

**PRE-NOTIFICATION FORM FOR HOSPITALIZATION, SURGERY AND SPECIAL STUDIES**

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_\_ Exp.Date: \_\_\_/\_\_\_/\_\_\_\_

Policy Holder: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Hospital/Institution: \_\_\_\_\_

Name of informant: \_\_\_\_\_ Report Date: \_\_\_/\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_  Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Sex:  F  M Age: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_ ID Number: \_\_\_\_\_

Relationship to subscriber:  Policy Holder  Spouse  Son  Daughter

**Type of Coverage**

Ambulatory  Special studies  Hospitalization  Procedures

Admission date: \_\_\_/\_\_\_/\_\_\_\_ Estimated hospital days: \_\_\_\_\_

Physician: \_\_\_\_\_ Signature \_\_\_\_\_ Code \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Onset date of symptoms or injury: \_\_\_\_\_

Additional medical information: \_\_\_\_\_

Description of special procedures or studies: \_\_\_\_\_

CPT CODES : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

**Charges**

International Hospital room and board: \_\_\_\_\_

Surgeon`s R&C fees: \_\_\_\_\_

Assistant Physician fees: \_\_\_\_\_

Anesthesiologist fees: \_\_\_\_\_

Date of surgery or special studies: \_\_\_\_\_

**IMPORTANT:** Be sure to submit this application directly to the Offices of San Jose, Central, Cathedral, Avenue 8, 25th Street, 10104-Costa Rica. Phone: 4052-3030.

For emergencies, contact our offices (506) 4052-3030, 24 hours and send this via email to:

[preautorizacioncr@assanet.com](mailto:preautorizacioncr@assanet.com) , with a maximum period of 48 hours after patient admission.

In case another procedure is required, send a new request for proper approval. \* For the processing of claims, send a copy of the clinical file, results of studies and medical records that are practiced to the patient, medical prescriptions and all original invoices of care, pharmacy and other.

**ASSA Compañía de Seguros, S.A.**, may request a copy of the medical history, if necessary. This pre-authorization is subject to the conditions stipulated in the policy contract of the product purchased by the insured in terms of definitions, waiting periods, risks and expenses excluded, maximum sum insured and other established limits of coverage.

This document constitutes an application for pre-authorization, does not represent any guarantee that the expenses incurred in hospitalization, surgeries or special studies, are accepted by the Company, since they are subject to compliance with the contractual conditions.

Date: \_\_\_\_\_ Policy Holder name: \_\_\_\_\_

Signature: \_\_\_\_\_ ID Number: \_\_\_\_\_