

# 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

Tel +971 4 415 4555 Fax + 971 4 415 4445

▶ Complete the form in **CAPITAL LETTERS**

**NOTE :** This authorization is valid for two weeks from the date of the signature of MetLife Authorized Officer.

Hospital/Clinic Name	<input type="text"/>	Physician Name	<input type="text"/>
Tel	<input type="text"/>	Fax	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**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	<input type="text"/>	Patient Contact No	Country Code	Area Code	<input type="text"/>
Policy Number	<input type="text"/>	Certificate No	<input type="text"/>		
Main Complaints & Duration	<input type="text"/>				
<input type="text"/>					
Pls. Specify the Onset of the Present Illness:	<input type="text"/>				
Diagnosis:	<input type="text"/>				
Date of Previous Treatment / Consultation for this Disability	<input type="text"/>				

**Approval Requested tor:**

- 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	<input type="text"/>
Estimated Days of Hospitalization (If any)	<input type="text"/>
Estimated Cost of Treatment	<input type="text"/>

**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	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
Attended By	<input type="text"/>	Number of Approved Days	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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.