Oman Insurance Company (P.S.C) (ش.م.ع.) شركة عمان للتأمين

OIC DIRECT CALL CENTRE 800 47 46

POLICYHOLDER'S / INSURED MEMBER'S PRE-AUTHORIZATION REQUEST FORM

Please fax to Medical Claims section 04--2688323 **or Email:** medpar@tameen.ae

For Enquiries please contact: 8004746 or 050-4585527/050-4543778 (24 hr. HELPLINE)

Please PRINT or FILL IN BLOCK LETTERS.

PAR NO._____ **DATE:** _____ **(FOR OIC USE)**

MEMBER'S NAME: _____ **CARD NO:** _____

DATE OF BIRTH: _____ **FAXNO**_____ **EMAIL**:_____

Approval requested for :

The proposed date of admission / Procedure :

The procedure is planned to be done in (Country):

Is the condition work related?

Please provide the following in support of your request:

1.Major Complaints:

2.A detailed medical report from the treating doctor on your present health condition giving his recommendation.

3.Cost estimate from the Treating doctor /Clinic.

Signature _____

FOR OIC USE ONLY

Thanks for your request, Please furnish the following more details in support of your request:

OIC Decision:

Travel and accommodation expenses:

You are hereby requested to submit the following documents in support of your claims within 90 days of the date of the invoice.

- ✓ **Dully filled claim form.**
- ✓ **Discharge Summary / Doctor's report, Dr.'s prescriptions, Dr.'s. Investigation requests.**
- ✓ **Original invoices**
- ✓ **Copy of this preauthorization**

REIMBURSEMENT SHALL BE AS PER THE POLICY TERMS AND CONDITIONS.

Attended by: DR_____ **Signature:** _____

Date _____