Jubilee INSURANCE

DENTAL PRE-AUTHORIZATION FORM

DISPENSING FACILITY _____ DATE OF SERVICE _____

PART 1. EMPLOYEE (MEMBER) INFORMATION.

SCHEME NAME _____ MEMBERS ID NO. _____

MEMBER NAME _____ MEMBER NO. _____

PATIENT'S NAME _____ MOBILE NO. _____ DOB _____

PART 2. MEDICAL INFORMATION ***(To be completed by the dentist / surgeon treating the patient)***

Presenting Complaints _____

Examination: Intra Oral Teeth _____

Missing *(indicate teeth positions & numbers)* _____

Decayed *(indicate teeth positions & numbers)* _____

Filled / RCT *(indicate teeth positions & numbers)* _____

Periodontal Status *(Tick):* ☐ Bad ☐ Fair ☐ Good

Investigations *(Attach Radiographs)* _____

Diagnosis *(Write in* ***BLOCK LETTERS****, No Medical Shorthand)* _____

Treatment Plan *(from the most urgent)* _____

Procedure to be done *(on the first visit)* _____

	COSTS (KSHS)
Consultation	
Procedure(s)	
Total	

PART 3. CERTIFICATION BY MEDICAL PRACTITIONER

Attending Dentist Name _____ Reg. No. _____ Signature & Stamp _____

(Note: Full Name and qualifications of the attending dentist and stamp is mandatory)

PART 4. AUTHORISATION FOR RELEASE OF INFORMATION (Patient or Guardian must sign below).

I hereby warrant the truth of the above statements, that I have not withheld from The Jubilee Insurance Company of Kenya Limited any information relating to this claim. I have no objection to The Jubilee Insurance Company of Kenya Limited and/or their representatives communicating with the Dentist or Hospital I have consulted or visited and shall submit to any medical examination(s) if so required by The Jubilee Insurance Company of Kenya Limited.

Signature of the patient or parent/guardian (if the patient is a minor) _____ Date _____

Note:

Kindly forward your original invoice for the above authorized amount with a copy of this form (authorized) and a duly completed claim form for payment within 90 days. Dental procedures will be authorized one at a time from the most urgent ones depending on the treatment plan.

Incomplete forms shall not be authorized.