aetna®

# Pre-certification Medical Form（醫療預先批核表）

Aetna International

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## Member's Basic Information (客戶基本資料)

| Name of Member (姓名) | | Date of Birth (出生日期) M M D D Y Y |
|---|---|---|
| Policy Number (保單編號) | Member ID (客户號碼) | Patient's Phone Number (電話) |

## Provider Information (醫院資料)

| Name of Facility (醫院名稱) | | |
|---|---|---|
| Address of Facility (醫院地址) | | |
| Name of Attending Physician (主診醫生) | Provider Contact Name (聯絡人姓名) | |
| Fax Number (傳真) | Phone Number (電話) | E-mail (電郵地址) |

## Medical Condition - to be completed by attending physician (病歷–由主診醫生填寫)

| Diagnosis (診斷) | | |
|---|---|---|
| Please advise if a chronic condition (是否慢性病) | Underlying Cause (病因) | |
| First Consultation Date (首次就診日期) M M D D Y Y | Symptoms apparent from (症狀開始日期) M M D D Y Y | |
| Pre-existing: (if Yes please attach details 如屬已存在之疾病, 請提供相關資料) ☐ Yes ☐ No | Related Illness History (相關病歷) | |
| Treatment / Procedure (治療方法) | | |
| ☐ In-patient (住院) ☐ Day patient (日間留院) ☐ Out-patient (門診) | Admission Date (住院日期) M M D D Y Y | Estimated Length of Stay (住院天數) |

## Cost Estimated (預算)

| Surgeons Fee (醫生費用) | Ward Round Fee per day (每天巡房費) | Anesthetists Fee (麻醉費) |
|---|---|---|
| Room Rate (病房費) | Class of Room (病房等級) | Package Cost (套餐費) |

| Hospital Charges (醫院費用) | Other Cost (其他費用) | Total cost（總費用） |
|---|---|---|

| Doctor Signature / Hospital Chop (醫生簽名/醫院印章) | Date (日期) M M D D Y Y |
|---|---|

**Note: Please submit any supporting medical documentation along with this completed Pre-authorization Form. Failure to complete and submit this form could result in substantial loss for the client** (備註：請將所有相關醫學文件與填寫完成的事先授權書一同遞交. 如果未能完成填寫授權書或遺漏重要資料, 可能造成不必要的損失)