Dental Pre-authorisation request form

When submitting the claim to AXA, this form must be attached along with the claim form and other supporting documents.
Please copy the prior approval no mentioned hereunder onto the claim form.
Please fax your prior approval request to AXA on UAE **00 971 4 429 4099**, Bahrain **00 973 17 582 648**, Qatar **00 974 412 8734**, KSA **00 966 1 477 3097**

Clinic/Hospital name:	Contact no:	Date:
Irham Medical Center Arjan	**0509765667**	**07-Jun-2024**

Dentist name:	Contact no:	No. of pages:
Abdulrahman	**0563232355**	

A. Administrative

Membership no : **13/XC/35643/0/150/E/0**		Group/Company name : **AXA**
Patient date of birth : **06-Dec-1996**	Gender : **Female**	Patient name : **REHAM GHASSAN JUMAH OBEID**
Policy/Group no :	Plan : **AXA**	Patient phone : **971528533714**

B. To be completed by Dentist

Duration of illness:
3 days

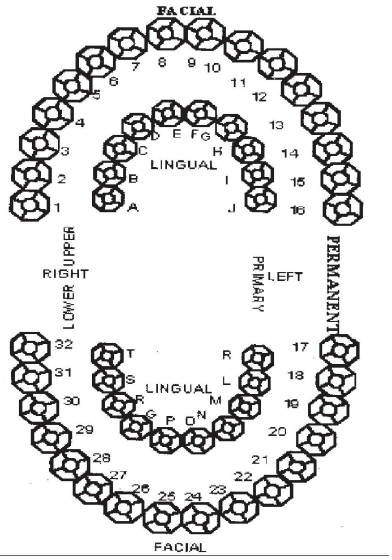
Chief Complaint & Main Symptoms:
pain and swelling

Diagnosis:
Periapical abscess without sinus

Other Conditions

Please tick ( ) where appropriate:

- [x] Routine Dentistry
- [ ] Work Related Accident
- [ ] Sports Related
- [ ] Orthodontics/Esthetics
- [ ] Congenital/Developmental
- [ ] Check-Up
- [ ] RTA related



Specify the recommended investigations, and/or procedures using the tooth number as shown on the Teeth Map above

Service Code	Service Description	Tooth No./Letter	Service Cost
D0150	**comprehensive oral evaluation - new or establishe**		**68.00**
D0220	**intraoral - periapical first film**	**#13**	**34.00**

C. Medical practitioner declaration

I declare that I am the patient's medical practitioner, and that the particulars given are to the best of my knowledge true and correct.

Signature:

Stamp:

Date: 6/7/2024 3:28:51 PM

D. AXA response

☐ Approved ☐ Not Approved	Approval No.:
Comments: (include approved days/services, if different from the requested) Insurance Officer Signature	Approval Validity: Date:

NB: If the approved cost of treatment or maximum stay are to be exceeded, further approval must be sought before discharge. All unapproved charges are the responsibility of the patient and must be recovered by the hospital/clinic from the patients prior to discharge.

If you have any questions regarding this form or any other aspects of the cover, please telephone on: UAE 00 971 (4) 429 4000, Bahrain 00 973 17 582 612, Qatar 00 974 412 8733, KSA 00 966 1 478 0282 – Ask for Medical Department.