LUMA
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Lumpini, Pathumwan, Bangkok 10330 Thailand

Tel: + 66 2 494 3600

Brighter Health.

PRE-APPROVAL FORM

For precertification of this case, please provide the following information, which will be handled in strict confidence by our medical team. Please be aware that it may be necessary to request further information before completing the precertification process. Thank you.

1 PATIENT INFORMATION

Surname	:	Card No.	:
First Name	:		
Address	:		
Tel. No.	:	Fax. No.	:
D.O.B. / Age	:	Email	:

2 TREATING FACILITY INFORMATION

TREATING MEDICAL OFFICER / REFERRING DOCTOR		HOSPITAL / MEDICAL FACILITY	
Name	:	Name	:
Tel. No	:	Tel. No	:
Fax. No	:	Fax. No	:
Email	:	Email	:
Address	:	Address	:

3 MEDICAL INFORMATION (to be completed by the Physician)

Present symptoms	:	
Date when symptoms first occured	:	
Has this or any similar condition existed previously?	☐ Yes ☐ No	If yes, please provide details / dates* :
Diagnostics / Investigations	:	
Treatments / Medications	:	
Provisional diagnosis	:	

*Please continue on a blank sheet if more space required

4 PHYSICIAN DECLARATION

I hereby certify that I have personally examined and treated the insured for his/her injuries/illness described above and that the facts stated above represent my medical opinion of his/her condition.

Signature : _____

Date : _____

Stamp

5 PATIENT DECLARATION

I hereby authorize the Physician, Hospital, Laboratory, Pharmacy, or any person who has provided medical services to me to furnish Luma information with regard to any medical history, condition or services.I confirm that all information provided by myself in relation to this claim is true and correct, and no material facts have been withheld.

Signature : _____

Date : _____

Hospital Contact (24/7)
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