AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by the Qatar Central bank

AK-ML-FM-079
Rev. 0
Date : 20.12.2022

MEMBER PRIOR APPROVAL FORM

This form can be used to obtain prior approval for a high-cost service which is planned to be done on pay & claim basis.

PERSONAL INFORMATION

Full Name :

Date Of Birth : ____/____/____ **Gender :** ☐ Male ☐ Female

Phone Number : _____ **E-Mail :** _____

AlKoot ID Number : _____

MEDICAL INFORMATION

Planned treatment date: _____

Country of planned treatment: _____

Estimated length of admission (for in-patient):

Diagnosis or signs and symptoms:

Planned treatment/service details:

ADDITIONAL DOCUMENT REQUREMENTS

Please attach the following supporting documents to this form (note that all documents must be from a registered and recognized medical practitioner with signatures/stamps)

- ☐ **Copy of medical report**
- ☐ **Copy of investigative and laboratory results**
- ☐ **Copy of referral letter**
- ☐ **Estimated costs with breakdown**
- ☐ **Any other relevant documentation**

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THANK YOU