

PRE-NOTIFICATION FORM FOR HOSPITALIZATION, SURGERY AND SPECIAL STUDIES

BLUECROSS BLUESHIELD, Costa Rica, TRIPLE-S Blue Inc.

Address: Cantón Central de la Provincia de San José, Costa Rica, esquina de la calle 25 con Avenida 8, Teléfono (506) 4052-3030. Please send completed form to: prenotification@bcbscostarica.com

Policy Number: _____ Effective Date: / / Exp.Date: / /
Policy Holder: _____ Identification Number: _____
Hospital/Institution: _____
Name of informant: _____ Report Date: _____
 / / ☐ Telephone: _____

☐ Fax number: _____ ☐ Email: _____

PATIENT INFORMATION

Name: _____ Sex: ☐ F ☐ M Age: _____
Date of birth: / / ID Number: _____

Relationship to subscriber: ☐ Policy Holder ☐ spouse ☐ son ☐ daughter

TYPE OF COVERAGE

Ambulatory () Special studies () Hospitalization () Procedures ()
 Admission date: / / Estimated hospital days: _____
 PHYSICIAN : _____ Signature _____ Code _____
 Diagnosis: _____

Onset date of symptoms or injury: _____

Additional medical information: _____

Description of special procedures or studies:

CPT CODES : _____, _____, _____

CHARGES:

International Hospital room and board: _____
 Surgeon`s R&C fees: _____
 Assistant Physician fees: _____
 Anesthesiologist fees: _____

Date of surgery or special studies:

San José, Central, Catedral, avenida 8, calle 25ª, 10104-Costa Rica. Teléfono: 4052-3030, www.BCBSCostaRica.com

IMPORTANT: Be sure to submit this application directly to the Offices of San Jose, Central, Cathedral, Avenue 8, 25th Street, 10104-Costa Rica. Phone: 4052-3030, www.BCBSCostaRica.com

For emergencies, contact our offices (506) 4052-3030, 24 hours and send this via email to: prenotificaciones@bcbscostarica.com, with a maximum period of 48 hours after patient admission.

In case another procedure is required, send a new request for proper approval. * For the processing of claims, send a copy of the clinical file, results of studies and medical records that are practiced to the patient, medical prescriptions and all original invoices of care, pharmacy and other.

BlueCross BlueShield, Triple S, Blue Inc, may request a copy of the medical history, if necessary. This pre-authorization is subject to the conditions stipulated in the policy contract of the product purchased by the insured in terms of definitions, waiting periods, risks and expenses excluded, maximum sum insured and other established limits of coverage.

This document constitutes an application for pre-authorization, does not represent any guarantee that the expenses incurred in hospitalization, surgeries or special studies, are accepted by the Company, since they are subject to compliance with the contractual conditions.

Date: _____ Policy Holder name: _____

Signature: _____ ID Number: _____

La documentación contractual y la nota técnica que integran este producto, están registrados ante la Superintendencia General de Seguros de conformidad con lo dispuesto en el artículo 29, inciso d) de la Ley Reguladora del Mercado de Seguros, Ley 8653, bajo los Registros números: P16-35-A11-319 Seguro Humanus de Gastos Médicos Internacional de fecha 08 de marzo del 2010, P16-35-A11-320 Seguro Dominus de Gastos Médicos Internacional de fecha 12 de marzo del 2012, P16-35-A11-321, Seguro Regius de Gastos Médicos Internacional de fecha 18 de marzo del 2012, P16-35-A11-322, Seguro Sanitas de Gastos Médicos Internacional de fecha 08 de marzo de 2012, P20-64-A11-605, Dominus Plus Gastos Médicos Internacional de fecha 29 de enero de 2015, P-20-64-A11-378 ,Seguro de Gastos Médicos Colectivo Regional/Internacional de fecha 23 de agosto del 2012, P20-64-A11-426, (V2) Seguro Colectivo de Gastos médicos Internacional-Plan Grupo Joven de fecha 21 de octubre del 2014.