

## Aetna International/MSO

### Form to Request a Guarantee of Payment (GOP) for Care.

For use by the **Missions/Missionaries of The Church of Jesus Christ of Latter-day Saints**

**Instructions:** Complete below or be prepared to provide this information when emailing or placing a phone call **before** each missionary goes to seek care. **Information below is needed whether request is made via Email or Phone.**

Email (*preferred*): [agb@mso.co.za](mailto:agb@mso.co.za)

Text (*via WhatsApp*): +27 66 290 3409

or Call: +27 (11) 259-5393 (MSO 24/7 Clinical Line)

\*\*\*If texting via WhatsApp or sending an email, it is imperative that you send all the information/details needed to process your request timely.

**For Urgent requests** (care needed in 24 hours or less), please call +27 (11) 259-5393 (MSO 24/7 Clinical Line) and be prepared to provide the following information:

Mission Contact/Requestor's Name:

Mission Contact/Requestor's Relationship to the Mission (*position/role*):

Mission Contact/Requestor's email:

Mission Contact/Requestor's Phone Number (*including Country & City Code*):

Mission Contact/Requestor's Location (*City/Country*):

Email Address(es) of any other contacts who should receive a copy of the GOP when issued:

Missionary/Patient's FULL Name (First & Last):

Missionary/Patient's Aetna W ID #:

Missionary/Patient's Date of Birth (*please use mm/dd/yyyy format*):

What is the nature of the illness/injury/medical complaint (*A brief explanation of symptoms. Ex. Knee pain, sore throat, abdominal pain, etc.*):

Type of service(s) needed/requested (*ex. MD consultation, ER visit, Hospital Admission, etc.*):

Date of Service/Admission (*planned or emergency*):

Facility/Provider name (*please be as specific as possible with facility/provider's name*):

Facility/Provider address/GPS location:

Facility/Provider phone number:

Physician Name (*if known*):

Physician Specialty (*if known*):