

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

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 (<i>position/role</i>):
Mission Contact/Requestor's email:
Mission Contact/Requestor's Phone Number (<i>including Country & City Code</i>):
Mission Contact/Requestor's Location (<i>City/Country</i>):
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 (<i>please use mm/dd/yyyy format</i>):
What is the nature of the illness/injury/medical complaint (<i>A brief explanation of symptoms. Ex. Knee pain, sore throat, abdominal pain, etc.</i>):
Type of service(s) needed/requested (<i>ex. MD consultation, ER visit, Hospital Admission, etc.</i>):
Date of Service/Admission (<i>planned or emergency</i>):
Facility/Provider name (<i>please be as specific as possible with facility/provider's name</i>):
Facility/Provider address/GPS location:
Facility/Provider phone number:
Physician Name (<i>if known</i>):
Physician Specialty (<i>if known</i>):