Maxicare Healthcare Corporation

Main Office: Maxicare Tower, 203 Salcedo Street, Legaspi Village, Makati City
Toll-Free No.: 1-800-10-889-6294 | Toll-Free No.: 1-800-10-5821-900
Corporate Trunkline: 9086-900 | Call Center Hotline: (02) 528-1900
Email: inquiry_customer_care@maxicare.com.ph | SMS Inquiry: 0918-889-MAXI (6294)
Homepage: http://www.maxicare.com.ph

Laboratory And Procedure Form

LOE No.

Provider Name:
Doctor:
Patient Name:
Maxicare No.
Account Name:

Age:
Sex:
Plan No.:
Plan Code:
Room No.

Issued Date:
Issued Place:
Issued By:

Approved By:
Validity Date:
Visit Date:

LABORATORIES, ANCILLARY PROCEDURES AND THERAPIES PROVIDED

DIAGNOSIS

INSTRUCTION TO PROVIDER

IMPORTANT: This space is intended only for clarificatory statements. Use of this space is not authorized for procedure approvals, rate changes or any other information with financial impact. Any such remarks shall not be considered or processed at claims settlement.

Issuer's Signature

WAIVER

I agree that any availment may be denied by MAXICARE HEALTHCARE CORPORATION under the following circumstances:

1. Concealment of relevant medical information, whether intentional or not, and whether related to the current availment or not.
2. Unrelated Treatment or Procedures with respect to the illness for which this document was issued as determined by MAXICARE.

In Connection with the foregoing, I hereby irrevocably authorize MAXICARE, being my healthcare and maintenance services provider , as my attorney-in-fact to:

1. Availment of the following medical services/procedures: (i) those rendered by Non-affiliated Provider; (ii) those not related to this availment as determined by the Claims Department of MAXICARE; (iii) those without prior authorization of MAXICARE; (iv) those miscellaneous items outside of the endorsed PEME availment.
2. PEME availment found to be not covered and deemed excluded by the Service Agreement executed by and between MAXICARE and the Applicant's employer, including concealment, whether intentional or not, of relevant medical information, and those in excess of the agreed PEME cost.

In connection with the foregoing, I hereby irrevocably authorize **MAXICARE**, being my healthcare and maintenance services provider, as my attorney-in-fact to:

1. Examine and obtain copies of my and/ or my dependent s ' medical records as well as any information relating to my (and/ or my dependents') hospitalization, consultation, treatment or any other medical advice from whatever source as a condition to my (and/ or my dependent's) availment of any benefits under the Service Agreement ; and (b) disclose such information to Maxicare, and/ or it s duty authorized representative/s, subcontractors and/or brokers , if necessar y, and my employer and/ or it s authorized representatives, upon request. In lieu of the original record, a certified photocopy will be honored as the original.
   For purposes hereof , I hereby warrant that I have been duly authorized by my dependent/s to sign and execute any and all document s and make representatives for and in his/their behalf as if the same were personally done by him/ them. I further agree to hold Maxicare free and harmless from and against any and all suit s or claims, actions, or proceedi ngs , damages, costs , and expenses , including attorney' s fees, which may be field, charged or adjudged against Maxicare or , inconnection with or arising from the disclosure of such information.
2. Collect from me the expenses incurred relative to any availment , if upon post verification by MAXICARE, any of the above mentioned circumstance be found present.

In lieu of the original record, a certified photocopy will be honored as the original.

REMINDERS

For validation purposes, this document must be signed by the member/guardian of minor member.

The attending physician/service provider must fill up and sign the portion provided.
For claims processing, the duly accomplished document together with the Statement of Account (SOA) must be submitted to Maxicare Healthcare Corporation Office within the aggred period. Late filings will take longer to process and claims field beyond six months may not be processed at all.

Incomplete forms and documentation will be returned to the provider.

Signature of Member/Date

Guardian of Minor Member/Relation to Member