PREAUTHORISATION FORM

Sanlam Life Insurance (U) Limited
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E sancare@sanlam.co.ug

Personal details

Employee Name:
Membership No:
Name of Policy holder/Employer:
Patient's Name:
Date of Birth: Relationship of Patient to
Employee: Service Provider:
Reason for visit:
Admission date
Expected discharge date

Diagnosis ICD10

Present symptoms:

Previous medical history:

Co-morbidities:

Diagnosis:

Date of onset of symptoms:

Expected detailed treatment and estimation

Consultation Fee (Ugx)	Ugx	Pathology (Services)	Ugx
Pharmacy			
Surgery	Ugx	Radiology (Services)	Ugx
Other Treatment			
Total		Total	

Hospital/Doctor stamp and signature:

**In cases that require observation, day care, any surgical procedure or inpatient care/treatment, the Provider shall inform the Sancare of such an admission prior to admission or, as the case may be in an emergency, within twenty four (24) hours of admission or forty eight (48) hours at weekends*