

Pre-Authorization Form

If not a medical emergency as defined by your policy contract, you must wait until you have a written authorization from GBG Assist before proceeding with any procedure requiring pre-authorization. Otherwise, penalty co-pay will be applied to your claims, and the provider may decline to direct bill us. Your policy has requirements regarding the pre-authorization of certain treatments/procedures. Non-emergency authorizations may take up to 5 business days to complete.

Please send completed form to GBG Assist:

- Email: gbgassist@gbg.com
- Fax: +1.949.271.5038

| A. PATIENT INFORMATION | |
|---|---------------------------|
| Name (Last, First, MI): | |
| Policy #: | GBG ID #: |
| Date of Birth: (DD/MMM/YYYY, i.e., 23/NOV/1988) | Employer (if applicable): |
| Address: | |
| Postal Code: | Country: |
| Phone: | Fax: |
| Email: | |
| B. PRE-AUTHORIZATION REQUEST | |
| Procedure/treatment name: | |
| Is the patient having surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of anesthesia is required? <input type="checkbox"/> Local <input type="checkbox"/> General <input type="checkbox"/> Or Sedation | |
| Expected surgery/inpatient admission date (DD/MMM/YYYY): | |
| Is the patient being admitted to the hospital overnight? <input type="checkbox"/> Yes If yes, expected number of days/duration: _____ <input type="checkbox"/> No | |
| MATERNITY ADMISSIONS ONLY – Anticipated type of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section | |
| Estimated Physician/Surgeon Cost and Currency: | |
| Estimated Hospital/Facility Cost and Currency: | |
| First date injury, illness or accident occurred (DD/MMM/YYYY): | |
| First date you ever received treatment for this condition (DD/MMM/YYYY): | |
| Describe treatment(s) received for this condition, if any, including dates (ex: medicine, consultation, surgery, hospitalization and conservative treatments): | |

| | |
|---|--------------------------------------|
| Treatment resulting from: | |
| a. The patient's occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No b. An automobile accident? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Any type of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes to any of the above, please provide date and details of accident: | |
| | |
| Has diagnosis/treatment for same or related condition been given previously? If so, provide dates, results, kind of treatment, prescriptions, name of doctor/facility: | |
| | |
| Is this patient also covered by: | |
| a. Other Group Health/Dental plan(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Medicare / other Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No c. No-fault auto carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes to any of the above, please provide: | |
| Name of Carrier: | Policy number of other source: |
| Carrier Address: | |
| C. HOSPITAL/PHYSICIAN INFORMATION | |
| Hospital/Facility Name: | Tax ID Number (U.S. Hospitals only): |
| Physician/Provider Name: | Tax ID Number (U.S. Doctors only): |
| Address: | |
| Postal Code: | Country: |
| Phone: | Email: |
| D. AUTHORIZATION | |
| Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. | |
| Name: | Date: |
| Signature: By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature. | |

Fair Processing Notice

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at <https://www.gbg.com/#/AboutGBG/PrivacyPolicy> and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.