PRECERTIFICATION AND DIRECT PAYMENT REQUEST

MSH INTERNATIONAL 2020



NORTH & SOUTH AMERICA

Suite 300, 999-8th Street S.W. Calgary, Alberta T2R 1N7 CANADA Tel: +1 403 537 8823

Fax: +1 403 265 9425 precert@msh-intl.com

SEC1

EUROPE

23 allees de l'Europe 92587 Clichy Cedex FRANCE Tel: +33 (0) 1 44 20 98 55 Fax: +33 (0) 1 44 20 82 15 precert@msh-intl.com

MIDDLE EAST & AFRICA

19th Floor, One by Omnyat Business Bay DIFC - P.O. Box 506537 Dubai, UNITED ARAB EMIRATES Tel: +971 4 365 1332

Fax: +971 4 363 7327 precert@msh-intl.com

ASIA

East Unit, 5F, North Tower, Building 9 Lujiazui Software Park, No. 20 Lane 91, E Shan Road, Pudong Shanghai P. R. CHINA 200127 Tel: +86 21 6187 0597 Fax: +86 21 6160 0153 precert@msh-intl.com

IMPORTANT NOTE

- Please fill out the whole document and send it back to MSH INTERNATIONAL at least 10 days before the service date.
- Mandatory fields are marked with the * symbol. Please make sure to complete them.
- An incomplete application will delay the processing of your precertification request or may prevent us from issuing a letter of guarantee.

SECTION A: GENERAL INFORMATION

*Release of Medical Information:

any relevant information to the medical department of MSH INTERNATIONAL.

MAIN INSURED		
*First Name	*Last Name	*ID Number
Phone Number	Fax	Email Address
PATIENT (if different from the Prima	ary Insured)	
*First Name	*Last Name (Maiden name if applicable)	*Date of Birth (MM/DD/YYYY)
☐ Male ☐ Female ☐ Non-binary ☐ Undis	sclosed	
Phone Number	Fax I	Email Address
In-Patient or Out-patient Surgery Detailed medical report from Specialist	confirming appointment date (this date must be 45+ including medical history, previous treatment, dia	
 Letter from Hospital confirming the app Surgeon confirming the estimated wait 	pointment date of the surgery. If this can't be obtain time for the procedure.	ned, a letter from the Specialist or
	time for the procedure.	ned, a letter from the Specialist or
Surgeon confirming the estimated wait	time for the procedure.	ned, a letter from the Specialist or
Surgeon confirming the estimated wait ON B: TYPE OF PROCEDURE	time for the procedure.	ned, a letter from the Specialist or
Surgeon confirming the estimated wait	time for the procedure.	ned, a letter from the Specialist or
Surgeon confirming the estimated wait ON B: TYPE OF PROCEDURE *Diagnosis	time for the procedure.	

hereby give consent for all medical staff involved in my past or present treatment to release

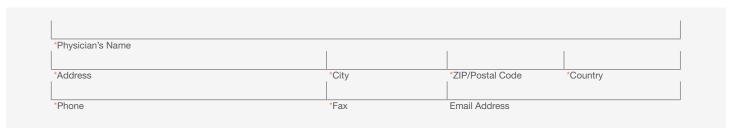
20-03	MSH	INTERNATIONAL	

PRECERTIFICATION AND DIRECT PAYMENT REQUEST

MSH INTERNATIONAL 2020



SECTION C: REFERRING PHYSICIAN'S INFORMATION



PRIVACY POLICY

Protecting Your Personal Information

At MSH INTERNATIONAL, we recognize and respect the importance of privacy. When you submit a precertification, the insurers establish a confidential file that is kept in the offices of the insurers or the offices of an organization authorized by the insurers. We limit access to information in your file to insurer staff and/or the insurers who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use this information for the purpose of assessing your precertification and administering the group benefits plan. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act.