



THE JUBILEE INSURANCE COMPANY OF KENYA LIMITED
Jubilee Insurance House, Wabera Street, P.O. Box 30376, 00100-GPO, Nairobi, Kenya Telephone
328 1000, 340343 Fax No. 3281339/3281139

HOSPITALISATION PREAUTHORISATION FORM

A duly completed form should be sent to Jubilee Insurance **within 24 hours** of admission of one of its members to your hospital. Answer all questions otherwise there may be delays in authorization of the admission and/or bills/invoices may not be paid.

1. Company/Employer _____
2. Employee _____ M/No _____
3. Name of patient _____ AGE _____
4. Name of Hospital _____
5. Patient tel no. _____
6. Date of Admission _____ Time of admission _____
7. Present complains _____
8. Provisional /final diagnosis _____
9. When was the condition first diagnosed? _____
10. When was the condition last treated? _____
11. Cause of illness _____
12. Any underlying condition? _____
13. Is condition likely to recur _____
14. Is condition congenital _____
15. Has the patient been tested for HIV? Yes/No If yes please give result _____
16. Clinical Summary: _____
17. Investigations _____
18. Management _____
19. Estimated cost of treatment _____

Type of admission: Please tick as appropriate		Specialty	Name of the doctor	Charges
Emergency	<input type="checkbox"/>	Physician		
Non-emergency	<input type="checkbox"/>	Surgeon		
Day care Surgery	<input type="checkbox"/>	Anaethetist		
Hospital Patient	<input type="checkbox"/>			
Private Patient	<input type="checkbox"/>			

21. Estimated hospitalization duration _____

Admitting Physician name, signature & stamp _____

Claimants certificate : (parent to sign if patient is a minor)

I consent to my Insurer seeking information from my doctor I or my dependants have consulted and to receive extracts from such consultation and or treatment and to undergo any examination requested to determine my claim.

Signed _____ Date _____