#### REQUESTING TREATMENT PRE-AUTHORISATION USING MEMBERSWORLD

ALL DEPICTIONS OF MEMBERSWORLD ARE FOR ILLUSTRATION ONLY AND ARE SUBJECT TO CHANGE

Angela Clarke, MD

#### REQUEST TREATMENT PRE-AUTHORISATION STEP 1: ADD PATIENT DETAILS

Through MembersWorld you can easily request pre-authorisation for a medical treatment or consultation to confirm that it is covered by your plan.

Please note that the policyholder must submit pre-authorisation applications for dependants under 16, or they can phone for approval.

Pre-authorisations are valid for up to 31 days. If it expires, you can request another.

Request Pre-authorisation	
<page-header></page-header>	<ul> <li>Enter some details:</li> <li>Select Patient name</li> <li>Choose country where the treatment will take place</li> <li>Enter date of appointment if you know it</li> <li>Tick Yes if the patient will be admitted to hospital – you will be asked to enter the date of admission and discharge</li> </ul>
Yes ho     Mone is the patient scheduled to be admitted to the hospital?     Mone information     MM YMYY	

#### REQUEST PRE-AUTHORISATION

### STEP 2: ADD TREATMENT DETAILS

You should receive a response by email within 48 hours.

Need a quicker response? Please call us.

"This is a required field When did the symptoms first appear?"
More Information
Can you describe the symptoms in a bit of detail please?*
More information E.g. back pain; headache
E.g. back pain; neadache
e.g. Examination, steroid injection 9909 Have you scheduled the treatment or consultation? If so, please tell us who is providing the medical treatment. More informatio
Dr Smith / General Hospital
0.500
Cancel Continue

We will need a few details about the treatment or consultation:

- Enter **date** when the symptoms started (Top tip: it's OK to estimate)
- Be **descriptive** about the issue or diagnosis
- Briefly describe any known proposed treatment or next steps
- Tell us who the appointment is booked with (the medical provider / facility)

#### **REQUEST PRE-AUTHORISATION**

## STEP 3: CHECK DETAILS AND SUBMIT

1. Check your details and confirm they are correct

2. Click Submit to proceed

p 3 Summary	est Pre-autho	risation		
	Please check the summary to m correct.	ake sure the details are comp	elete and	
	Personal information Edit these details /			
	Patient name	Badger Vanikoro		
	Contact email address	test@bupa.com		
	Country of treatment	United Kingdom		
	Treatment start date	07 May 2018		
	Patient status Hospital admission date	In Patient 07 May 2018		
	Hospital admission date	07 May 2018		
	Pre-authorisation summary Edit details /			
	Symptom onset	01 May 2018		
	Symptoms / diagnosis	Pain in left knee		
	Proposed treatment /	Physiotherapy		
	consultation			
	Treatment facility	Mr Campbell at the Crom	weit	
	Cancel	Submit		





Download a quick guide of MembersWorld features and tips

# Download a quick guide to making claims on MembersWorld