



Life and Health Insurance Company

PRE-NOTIFICATION FORM

INFORMATION

Entire form must be completed and submitted by fax or e-mail.

Send claims to: Claria Life and Health 7491 W. Oakland Park Boulevard 2nd. floor. Tamarac, Florida 33319
Phone: (954)749-1025 Fax: (954)749-1027 Email: medical@claria.us

Please note: this is not a guarantee of payment

GENERAL INFORMATION

Notifier's Name:

Time:

Date:

Patient's Full Name:

Gender:

Date of birth:

Policy Number:

Effective date:

Telephone:

Cell Phone:

Fax:

PHYSICIAN AND HOSPITAL INFORMATION

Primary Physician's Name:

Telephone:

Fax:

Hospital / Clinic:

Telephone:

Fax:

Treating Physician's Name:

Telephone:

Fax:

PROCEDURE / SURGERY INFORMATION

Procedure / Surgery:

Date of Service:

Date of Diagnosis:

Diagnosis (Please attach available reports):

Hospitalized

Outpatient

Amount of days hospitalized if it applies:

Pre-Notification issue date:

Signature of Claimant or representative (if minor)

Day/Month/Year

