



# MICARE

P.O. Box 2156, Kolonia Pohnpei FM 96941  
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## Request for Supplemental Authorization

Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Group No: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

How do you want us to send your copy of Authorization?

I will pick up  send it through my email address  send it through fax  
 \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Preferred Date of Appointment: \_\_\_\_\_

Service Expected to receive:  Executive Check up (In-Patient)  
 Medical Checkup (with specific illness to be evaluated)

*Note: Executive checkup is available only at any affiliated hospitals in Manila. If you want to receive check up at Straub Clinic Hospital, you will be required to fill up Straub's Mini Registration form.*

Is there any specific health issue(s) you want to be evaluated or treated?  Yes  No

If Yes, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach clinical summary or doctor's recommendation to facilitate the processing of your referral authorization)*

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_