



Pre-Notification Form



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E-mail 24x7: alarmcenter@bmicos.com

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1. GENERAL INFORMATION

Policy No.

Primary Insured

Name of Patient

Patient's Date of Birth

Name of Agent

E-mail of Agent

2. PROCEDURE OR SERVICE INFORMATION

Diagnosis

Date of Diagnosis

Date of Initial Symptoms

Procedure

Physician Fees

*Attach available reports

3. MEDICAL PROVIDER INFORMATION

Name of Hospital or Clinic

City / Country

Name of Treating Physician

Phone No. of Treating Physician

Name of Contact Person

Phone No. of Contact Person Ext.

E-mail of Contact Person

COMMENTS

- The Insured **must notify the Insurer (BMI) at least 72 hours before** any hospitalization or Outpatient Service.
- In case of an Emergency in which it is impossible for the Insured to notify prior to receiving treatment, the insured must notify the Insurer (BMI) **within 48 hours** of the emergency.
- Pre-notification does not constitute a guarantee of payment.

Date

Name

Signature