

Approvals				One Stop Shop	Route of Communication
Services	Time Frame	Needed Documents	Route For Each Service		
<b>Hospitals:</b> Day Cases and Inpatient admissions	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	If consultation is done inside or outside the network, approval must be issued		<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>
<b>Radiology Center:</b> -Nuclear imaging ex. PET -Endoscopies -Interventional radiology coronary/aortic/pulmonary angiography	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	If consultation is done inside network, radiological tests can be done within the same facility or in scan center within the network directly using the form (cannot be done in a different hospital) If consultation is done outside network, approval can be issued directed to a scan center within the network (not hospital)	if started consultation in a facility, can continue all services in the same facility	<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>
<b>Lab Tests:</b> -Single Test <500EG -PPCR -Hormones (Except thyroid hormones) -Osteoporosis tests -Tumor Markers -Pathology	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	If consultation is done inside network, lab tests can be done within the same facility or in scan center within the network directly using the form (cannot be done in a different hospital) If consultation is done outside network, approval can be issued directed to a labr within the network (not hospital)		<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>
<b>Pharmacies:</b> -Prescriptions above 1000 EGP -Medications prescribed for 28 days or more -Hormones, Vitamins, Minerals, Interferons & Chemotherapy -Maternity medications	1 Hour	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	consultation must be done inside the network for acute medications(less than 2 weeks) approvals cannot be issued, it must be dispensed using AXA's form		Pbms <pbms@axa-egypt.com>
<b>Chronic Medication:</b> Dispensed monthly for 2 months or more	5 working days	Chronic prescription (maximum 3 months backdated) include the following: (Diagnosis, Medications with concentration, Dosage) -Copy of the member's medical card -Recent lab tests results/ scans reports depends on the case	approvals can be issued if consultation is inside or outside the network and dispensing is through the pharmacy online system within the network		<a href="mailto:chronic.medications@axa-egypt.com">chronic.medications@axa-egypt.com</a>
<b>Maternity ( After Maternity Activation):</b> All Services Including Consultation	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	Card must mention that it is covering maternity If not mentioned, card must be changed through membership department to activate the maternity benefit		<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>
<b>Dental:</b> All Services excluding Consultation	1 Hour	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	Same as radiological tests		<a href="mailto:Dental.Approvals@axa-egypt.com">Dental.Approvals@axa-egypt.com</a>
<b>Chemotherapy&amp;Radiotherapy Centers:</b> All Services	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	If consultation is done inside network, radiological tests can be done within the same facility or in scan center within the network directly using the form (cannot be done in a different hospital) If consultation is done outside network, approval can be issued directed to a scan center within the network (not hospital)		<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>

<b>Physiotherapy Centers:</b> All Services	2 Hours	Member's name Member's policy number Member's membership number Service type & requested provider's name Diagnosis or symptoms presented to the doctor Any supporting documents if available (ex. lab tests results, scan reports, full medical report, etc.)	If consultation is done inside network, radiological tests can be done within the same facility or in scan center within the network directly using the form (cannot be done in a different hospital) If consultation is done outside network, approval can be issued directed to a scan center within the network (not hospital)		<a href="mailto:medical.approvals@axa-egypt.com">medical.approvals@axa-egypt.com</a>
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