

SERVICE AUTHORIZATION REQUEST

Prior authorization is a required from the Company in the following medical acts of **HealthCare**:

HOSPITALIZATION

- Admissions
- Dayly hospital
- Home hospitalization
- Ambulatory surgery

DIAGNOSTIC TESTING

- Endoscopy: any technique Nuclear medicine: any technique
- Ultrasound: Transesophageal and high-resolution
- Radiology: CT scan, MRI, densitometries, angiographies, Urodynamic studies, PET, PET-CT
- Clinical Analysis: Genetic karyotype, Helicobacter Pylori, tumor markers
- Genetic studies
- Cardiology: ergometry, Holter, Doppler, Hemodynamics, electrophysiological studies, pacemakers
- Neurophysiology: any technique
- Pathological Anatomy: Immunohistochemistry and molecular pathology
- Dermoscopy
- Biomechanical gait analysis

TREATMENTS

- Oncology: chemotherapy, radiotherapy, transplants
- Physiotherapy, speech therapy and psychology
- Home oxygen therapy
- Ophthalmic laser therapy
- Hemotherapy
- Interventional Radiology
- Treatment of pain
- Maxillofacial surgery: wisdom tooth extraction
- Extracorporeal lithotripsy
- Ambulance transfer
- Assisted reproduction
- Postpartum care at home

FIXED INTERNAL PROSTHESIS

Prior authorization is a required from the Company in the following medical acts of **Caser Sport **NONSTOP****:

DIAGNOSTIC TESTING

- Radiology for sports medicine: CT and MRI

TREATMENTS

- Rehabilitation: Sports physiotherapy

For the medical consultation and monitoring of the sports evaluator, request your authorization on the telephone 91.055.16.61

This list includes all the services that require authorization but not all of them are necessarily covered in your health care policy. Check the General, Special and Particular Conditions of your policy.