



Pre-Authorization Form (PAF)

Fax: Karachi: (021)3586-0403 Lahore: (042)3587-0651 Islamabad: (051) 280-3378

Medical Hotlines (In emergency / after office hours): Karachi: 0300-8207000 Lahore: 0300-8483818 Islamabad: 0300-8508550

Customer Service Hotline (In emergency / after office hours): 0300-8208555

Call Centre: 021-111-4357-00 (during Office hours)

Important Instructions For The Insured Member:

1. Please use this form if you are advised a non-emergency hospitalization by a qualified doctor / physician.
2. Identify yourself as an Allianz EFU insured to the consultant of your choice at our network hospital and ask him/her to fill this PAF. Please also provide the consultant your previous medical record.
3. Filled PAF should be submitted at the Admissions office of the concerned Allianz EFU network Hospital at least two (2) working days before the intended hospitalization date.
4. In order for us to provide you with a fast and efficient service, please complete the PAF accurately and attach all supporting documents. This form is also available at our Network Hospitals, Photocopies can also be used.
5. If you have any difficulty in filling this form, please contact our Call Centre.

Important Instructions for the Hospital / Doctor:

1. Please ensure all columns are completely filled before faxing the form to Allianz EFU
2. Please take 2 days prior approval before admitting a patient for non-emergency procedure

Employer / Policyholder's Name	
Policy Number	
Cert ID Number (Written on your health card)	
Employee Name (for corporate plans only)	
Patient's Name / age and relationship	
Hospital Name / Room & Board sub limit	
MR Number / Patient Number	
To be Admitted On (Date)	
Bed No. / Room No.	
Presenting complaints	
History of Presenting illness (specify duration)	
Any associated disease / Co-morbid with duration of problems(s)	
Procedure to be Undertaken (if any)	
Treatment Currently given to the Patient	
Expected Length of Stay	
Expected cost of the Treatment	
Attending Doctor's Name, signature & Stamp	

For Allianz EFU Health Insurance Use Only

Date Received: _____ Approved By: _____ Date Approved: _____

REMARKS _____
