

## Pre-Authorization Form (PAF)

Fax: ● Karachi: (021)3586-0403 ● Lahore: (042)3587-0651 ● Islamabad: (051)280-3378  
 Medical Hotline: ● Karachi: 0300-8207000 ● Lahore: 0300-8483818 ● Islamabad: 0300-8508550  
 Customer Service Hotline:0300-8208555

### 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 your PAF. Please also provide the consultant your previous medical record and copies of investigation reports.
- 3) Filled PAF should be submitted at the Admissions Office of the concerned Allianz EFU Network Hospital at least three (3) 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 Medical Department at the above numbers.

### IMPORTANT INSTRUCTIONS FOR THE HOSPITAL / DOCTOR:

- 1) Please ensure all columns are completely filled before faxing the form to Allianz EFU.
- 2) Please take 3 days prior approval before admitting a patient for non-emergency procedure.
- 3) Admission for investigations and work up is not covered under Allianz EFU policy

Employer / Policyholder's Name	
Policy Number	
Cert ID Number (written on your healthcard)	
Employee Name (for corporate plans only)	
Patient's Name and Age	
Hospital Name / Room & Board sublimit	
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-morbids with duration of problem(s)	
Final Diagnosis	
Procedure to be Undertaken	
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: \_\_\_\_\_  
 (Name & Signature)

REMARKS \_\_\_\_\_