

## Pre-Authorization Form (PAF)

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

Medical Hotline (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/COVERED 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/Allianz EFU Window Takaful covered person 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.
- 3) Filled PAF should be submitted at the Admissions Office of the concerned Allianz EFU/Allianz EFU Window Takaful 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/Allianz EFU Window Takaful.
- 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 healthcard)	
Employee Name (for corporate plans only)	
Patient's Name age and relationship	
Hospital Name / Room & Board sublimit	
MR Number / Patient Number	
To be Admitted On (Date)	
Bed No./Room No.	
Presenting complaints with duration of illness.	
Diagnosis/Provisional Diagnosis	
Any Associated disease/Co-morbids with duration of problem(s)	
Procedure to be Undertaken	
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/Allianz EFU Health Insurance-Window Takaful Operations Use Only**

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
(Name & Signature)

REMARKS \_\_\_\_\_

## Complaints in respect of Takaful Policy

If you have any complaint or grievance against the window takaful operator, broker, agent, surveyor or bank representative in respect of your takaful policy, you may file your complaint with the following office:

**FEDERAL INSURANCE OMBUDSMAN**  
**2nd Floor, Pakistan Red Crescent Society**  
**Annexe Building, Plot # 197/5**  
**Dr. DoudPota Road Karachi**  
**Phone: 021-99207761-62**  
**Website: www.fio.gov.pk**

## تکافل پالیسی کے متعلق شکایات

اگر آپ کو تکافل پالیسی کے متعلق وینڈو تکافل آپریٹر، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفتر میں رابطہ کر سکتے ہیں:

## وفاقی انشورنس محتسب،

سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،

پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62

www.fio.gov.pk