



Admissions for Investigations / Work up Not Allowed

PA NUMBER

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. Show your health card to the consultant at our network hospital and request to fill this form.
3. Filled PA form should be submitted at the admissions office of the hospital at least two (2) working days before the intended hospitalization date OR send the completely filled PA form to Allianz EFU directly.
4. Please complete the PAF accurately and attach all supporting documents. This form is available at our website / our Network Hospitals. Photocopies can also be used.
5. If you have any difficulty in filling this form, please contact our Customer Services Hotline.

Important Instructions for Hospital: Fill all Columns of the form.

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)	
Presenting complaints with exact duration of illness.	
Diagnosis/Provisional Diagnosis	
Any associated disease / Co-morbids with exact duration of problems(s)/congenital illness	
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	

For Allianz EFU Health Insurance/Allianz EFU Health Insurance-Window Takaful Operations Use Only

Date Received	Processed By	Decision Date
REMARKS:		