Allianz

efu

Pre-Authorization Form (PAF)

Fax: ● Karachi: (021)586-0403 ● Lahore: (042)587-0651 ●Islamabad: (051)265-3474
Medical Hotline: ● Karachi: 0300-8207000 ●Lahore: 0300-8483818 ● Islamabad: 0300-8508550
Customer Service Hotline:0304-2332330

Important Insutructions 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 Insutructions 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 ______________________________________

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Allianz EFU Health Insurance Limited
Pakistan's First Specialized Health Insurer
D-74, Block5, KDA Scheme # 5, Clifton, Karachi-75600. Phone: 111-HEALTH (111-432584); Fax: (92-21)586-4020