

A	Adminston for Investi-	valiana (Miaulau)	. Mat Allamad
/A	Admission for Investig	gations / Work u	D NOT Allowed

PA Number	

Pre-Authorization Form (PAF)

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/COVERED MEMBER:

- 1) Please use this form if you are advised a non-emergency hospitalization by a qualified doctor/physician.
- Show your health card to the consultant at our network hospital and request to fill this form.
- Filled PA form should be submitted at the admission office of the hospital at least two (2) working days before the intended hospitalization date OR send the completely filled PA form to Medical Department of EFU Life Assurance Ltd-Health Office or email us at meds@efulife.com directly.
- 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.
- If you have any difficulty in filling this form, please contact our Customer Services Hotline.

IMPORTANT INSTRUCTIONS FOR THE HOSPITAL: Fill all columns of the form.

Employer / Policyholders's Name						
Policy Number						
Card ID Number (Written on your health	card)					
Employee Name (for corporate plans on	y)					
Patient's Name / age and relationship						
Hospital Name / Room & Board sublimit						
MR Number / Patient Number						
CNIC and Contact No. of Employee						
To be Admitted On (Date)						
Presenting complaints with 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 EFU Life Assurance Ltd. Use Only						
Date Received: Processed By:			Decision Date:			
REMARKS						

EFU LIFE ASSURANCE LTD.

Health Office: 37-K, Block-6, PECHS, Karachi-75400.







