

PRE-AUTHORIZATION FORM

ADMISSION FOR INVESTIGATION AND WORKUP IS NOT COVERED UNDER HEALTH TAKAFUL POLICY

Fax # : 92-21-4373195-6

Medical Hotline: 0302-8228212

IMPORTANT INSUTRCTIONS FOR THE COVERED MEMBER:

- 1) Please use this form if you are advised a non-emergency hospitalization by a qualified doctor/physician.
- 2) Identify yourself as a Takaful covered member 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 Admission Office of the concerned Takaful 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 Health Department on the above number.

IMPORTANT INSUTRCTIONS FOR THE HOSPITAL / DOCTOR:

- 1) Please ensure all columns are completely filled before faxing the form to Takaful Pakistan Limited.
- 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 Takaful Health Policy.

Employer's / Policyholder's Name	_____
Policy Number	_____ Health ID. # _____
Employee's Name (for corporate plans only)	_____
Patient's Name and Age	_____
Hospital Name / Room & Board sub limit	_____
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 Takaful Pakistan's Use Only		
Date Received: _____	Approved By: _____	Date Approved: _____
REMARKS: _____		

Authorized By (Name & Signature) : _____		