			MD	/03/11
Adm	ission for Investigati	ions / Work up Not Allow	ed	
PA Number	,			LI L
		Pre-Authorizatio		
Medical Hot	lines (In emergency / afte Customer	er office hours): Karachi: 03 r Service Hotline (In emerger Call Centre: 021-111-435	00-8207000 Lahore: 0300-8483 by / after office hours) 0300-8208 7-00 (during office hours)	818 I slamabad: 03 3555
IMPORTAN1	INSTRUCTIONS FOR	THE INSURED/COVERED	Member:	
1) Please	use this form if you are	advised a non-emergency	hospitalization by a qualified do	octor/physician.
2) Show y	our health card to the c	onsultant at our network ho	spital and request to fill this for	m.
3) Filled P	A form should be subm	nitted at the admissions off	ce of the hospital at least two	(2) working days b
	•		d PA form to EFU Health directl	
		, , , , , , , , , , , , , , , , , , , ,	rting documents. This form is a	available at our wel
	k Hospitals. Photocopie		ur Customer Services Hotline.	
		THE HOSPITAL: Fill all Co		
-				
Employer / Policyholder's Name Policy Number				
Card ID Number (Written on your health card)				
Employee Name (for corporate plans only)				
	Name / age and relation	• /		
-	Name / Room & Board s	SUDIIMIL		
	per / Patient Number			
	d Contact No. of Emplo mitted On (Date)	оуее		
	()	ion of illnoop		
	g complaints with durat	ion of liness.		
	Provisional Diagnosis			
	ciated disease/Co-mort ns(s)/congenital illness	bids with exact duration		
Procedure	e to be Undertaken (if a	iny)		
Treatment	t Currently given to the	Patient		
Expected	Length of Stay			
Expected Cost of the Treatment				
Attending	Doctor's Name		1	
		ealth Insurance-Window	Γakaful Operations Use Only	
	Date Received: Processed By:		Decisio	n Date:
REMARKS	;			

Head Office: 37-K, Block-6, PECHS Society, Karachi-75400. Tel: 021-111-HEALTH (111-432584).

(021) 111-432-584, (051) 111-432-584, (042) 111-432-584

(2) Call Center (021) 111-432-584

www.efuhealth.com 🗳 My Health