



PRE-AUTHORIZATION FORM

Adamjee Insurance Company Limited
Health Insurance Department
 Pre-Authorization form to be telefaxed at # (021) 32470111

IMPORTANT INSTRUCTIONS FOR THE HOSPITAL/DOCTOR.

1. It is requested to please ensure no column is left blank before faxing this form.
2. Following are **NOT COVERED**:
 - a. Admission for work-up and investigations.
 - b. Test and treatments relating to infertility.
 - c. Observations & Rest cures.
 - d. The difference of charges between the Visiting Doctor and the Panel hospital doctor to be charged to the patient.

ONLINE REGISTRATION 24/7 : 0800 00 242 AND AFTER OFFICE HOURS HOTLINE NUMBERS LHR: 0331-7333200 / KHI: 0300-2018246 / ISL: 0308-5205833															
HOSPITAL NAME															
POLICY NO.				COMPANY NAME (PATIENT'S EMPLOYER)											
EMPLOYEE CONTACT NO (MANDATORY)								AUTHORITY LETTER NO.							
PATIENT'S NAME								AGE				SEX			
PATIENTS CNIC # / Form 'B' (Copy is mandatory)															
EMPLOYEE NAME															
EMPLOYEE CNIC# (Copy is mandatory)															
RELATION WITH THE EMPLOYEE															
DATE OF ADMISSION															
BED/WARD/ROOM NO.															
<input checked="" type="checkbox"/> PRESENTING COMPLAINTS															
<input checked="" type="checkbox"/> FINAL DIAGNOSIS															
ATTENDING DOCTOR'S NAME/SIGNATURES WITH STAMP															
<input checked="" type="checkbox"/> PROCEDURES TO BE UNDERTAKEN															
EXPECTED LENGTH OF STAY															
EXPECTED COST OF TREATMENT															

FOR USE BY ADAM JEE HEALTH INSURANCE COMPANY

REMARKS :

CNIC copy, Adamjee health card copy & contact number of the patient are mandatory in the absence of which intimation shall not be approved.