Pre-Authorization Form

Mandatory for Non-Emergency Hospitalization

PAK-QATAR FAMILY TAKAFUL

Do not leave any field Blank,questions unanswered, or declaration undated or unsigned (Wherever Applicable).

Part A - To be completed by the proposed Individual Member only

Patient's Takaful Certificate Number:	Patient's Gender: ☐ Male ☐ Female	Age:
Patient's Name:	CNIC:	
Residential Address:		
Mobile No:	Plan No:	Participant (Employer) Name:
Employee Name:	Relationship with patient:	

Part B - To be completed by the Treating Physician Only

Name of Treating Physician:	
Hospital Name:	On what date did the symptoms first occur?: D D M M Y Y Y Y
Symptoms at present:	
Principle Diagnosis:	
Associated Diagnosis:	

Has the patient previously consulted any doctor for the above-mention medical condition?
If "YES" for each doctor and hospital consulted, state name and address, treatment provided.

Name of Doctor/Hospital	Date of Consultation	Reason for Consultation	Treatment/Result

Procedure/Operation/Treatment advised:

Verification by Treating Physician:
I/we hereby certify that all answers to questions appearing above are true and complete to the best of my knowledge and belief.

Date of Statement D D M M Y Y Y Y

Signature of Physician

Part C - To be completed by the Treating Physician Only

Expected Date of Admission D D M M Y Y Y Y

Expected Duration of Hospitalization:

Expected Cost of Hospitalization:	
Expected break-up of items:	Expected Amount (in Pak Rupees)
Room & Board	
Physician Visit Fee	
Cost of procedure/Operation	
Surgeon Fee	
Anesthesia Fee	
Laboratory	
Medicine	
Others	

DECLARATION & AUTHORIZATION

I hereby certify that all the answers to the questions appearing on this form and documents submitted with this form are true and complete to the best of my knowledge and belief.

I, the above claimant, hereby authorize any doctor, hospital, clinic or medical service provider, Takaful/insurance company, or any other institution, or any person, who has any information or record about me and/or any of my dependents to provide Pak-Qatar Family Takaful Limited with the complete information including copies of their records with reference to any sickness, accident, disability, any treatment, examination, medical investigation, advice ofhealthcare provider.

Photocopy of this authorization shall be valid as the original.

Signature of claimant Individual Member

Employee will complete and sign this form on behalf of minor children

Date of Statement D D M M Y Y Y Y

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If you have any questions regarding pre-authorization, contact our Customer Benefit Services Department at: (92-21) 111 TAKAFUL (825238)

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