



Atlas Insurance Ltd.
63/A, Block-XX, Khayaban-e-Iqbal, Phase-III, DHA, Lahore
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PRE-AUTHORIZATION REQUEST FORM

Health Card	
Policy Holder's Name:	
Policy No.	
Employee's Name:	
Patient's Name / Age & Relationship with the Employee:	
Hospital Name:	
M R No. / Patient No.	
Expected date of admission	
Room No. / Bed No.	
Presenting Complaints:	
History of presenting illness (Exact Duration)	
Final Diagnosis / Procedure to be undertaken:	
Expected Length of Stay:	
Expected Cost of the Treatment:	
Attending Doctor's Name / Signature / Stamp:	

FOR OFFICE USE ONLY

Pre-Authorization No.		Approved By:	
Approval Remarks			
	Sign & Stamp		

Note To Hospitals / Doctors:

1. Each column should be filled properly, before intimation to Atlas Insurance.
2. Prior approval should be taken (2 Days) before admitting a patient in Non-Emergency cases.

Note To insured Member:

1. Please fill this form if you are advised a Non-Emergency hospitalization by a qualified Doctor / Physician.
2. Identify yourself as an Atlas Insured to the Doctor / Physician at our panel hospital and ask him/her to fill this form.
Please also provide your previous medical record to the attending Doctor / Physician,
3. Duly Filled Form should be submitted at the admission office of the panel hospital at least (2) working days before the admission date.
4. Proper / accurate filled Form will enable us to provide speedy and efficient services. (Photocopy of form is acceptable)