Claim Form

IMPORTANT INSTRUCTIONS: (please read them first)

I- In order for us to provide fast and efficient service, please complete the Form accurately in 'CAPITAL LETTERS'. Photocopies of this form can also be used.

II- Filled forms should be sent to: Claims Department, Allianz EFU Health Insurance, D-136, Block-4, KDA Scheme-5, Clifton, Karachi within **30 days** of the expense incurred date. Please attach the following with the form:

a. Proper itemized bill(s) and payment receipt(s) as highlighted below. These should be issued on the official bill/receipt book of the Hospital/Physician/Surgeon/Pharmacy/Laboratory.

Proper hospital bill in original highlighting type of accommodation used (room type) and break up of total bill according to:
❶ Room charges ❷ Lab tests and Radiology Charges ❸ Consultation charges ❹ Surgeons fee with details (if any)
❺ Operation Theatre Charges (if any) ❻ Anesthesia charges (if any) ❼ Medicines (used during hospitalization)
❽ Other miscellaneous medical expenses like blood & oxygen, etc.

b. Laboratory, or Radiology reports along with doctor's reference for the same.
c. Itemized bill(s) of medicines purchased supported by Physician's prescription specifying the quantity and respective dosage.
d. Hospital discharge summary / Clinical Summary (in case of Hospitalization).
e. Copy of Birth Certificate (in case of delivery/child birth)

III- If you have any diffficulties filling this form, please call our Claims Dept. at **111-HEALTH** (021-111-432584)
Approved claim could be settled through direct bank transfer. Please provide following bank details for direct bank transfer.

To Be Completed by the Employee / Policy Holder:

Name of the Policy Holder:		Policy Number:	
Name of the Employee:		Cert. Id:	
Name of Patient:		Total Amount Claimed:	**Rs.**
Date of Birth:		Relationship to the Employee:	
Bank:		NIC Number (if any):	
Branch:		Department:	
A/C. No:		Contact No:	Email :

Detail of New Born (s) In Case of Delivery /C-Section Claim:

Date of Birth: | Name: | Gender:

In case of Hospitalization:

Emergency Treatment or Elective? | Was pre-authorization taken? ☐ Yes ☐ No

Date of Admission: | Date of Discharge:

Is the patient entitled to any other benefit or compensation from any other source whatsoever? If so name the companies or association, or other source, and give amount of benefit payable by each:

Declaration / Authorization:

I hereby certify that all answers, and all documents submitted with the claim form are complete and true. I hereby authorize any doctor, hospital, clinic or medical provider, any insurance company or any company, institution or any other person who has any record or information about me and/or of my family members to provide Allianz EFU Health Insurance Limited with the information, including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization. Any photocopy of this declaration./authorization shall be taken as the original copy.

Signature of Patient
(if 18 years or above, otherwise signature of the employer)

Signature & Seal of the Employer
(For Corporate Schemes only)

Date

This portion must be completely filled in by the treating physician / Hospital. Any missing information shall lead to delay in claims settlement.

Patient Name | Age | Gender ☐ Male ☐ Female

Name of Hospital

Date of Admission | Date of Discharge

Primary Diagnosis | Secondary Diagnosis

Presenting Complaints With Duration of Illness

Any Associated Disease / Comorbids With Duration

Details of Surgical, Gynecological or Obstetrical Procedure Performed (If Any)

Indication / Necessity of Performing Surgical Procedure/ LSCS

Type of Anesthesia Used : ☐ General ☐ Local ☐ Spinal ☐ Other:

I, hereby certify that my answers to the foregoing questions are correct and true, to the best of my knowledge and belief.

Signature & Stamp of the Attending Physician:

Name & Address:

Phone Number: | Fax #

Credentials/Qualifications: | Date:

For Allianz EFU Health Insurance Use Only

Policy Number:		Certificate Number:	
Claim Number:		Authorization Number	
Claim Received On:		Claim Entered By:	
Claim Approved By:		Claim Cheque Dispatched On:	

Allianz EFU Health Insurance Limited

Pakistan's First Specialized Health Insurer

D-136, Block-4, KDA Scheme-5, Clifton, Karachi-75600. Phone: 111-HEALTH (111-432584); Call Centre: (021) 111-HELP-00 (111-4357-00);
Fax: (92-21)3586-4020 E-mail: claims@allianz-efu.com

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