STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

PRE-AUTHORIZATION FORM FOR LABORATORY INVESTIGATIONS

CORPORATE HEALTH INSURANCE PRE-AUTHORIZATION FORM

To be Filled by the Insured Member:

Insured Name:	Relation to Insured: ☐ Self ☐ Spouse ☐ Children ☐ Parent
Employer Name:	

Patient's Name:		Patient's Gender: ☐ Male ☐ Female	
Patient's Health Card Number/Employee ID:		Patient's Date of Birth: ☐☐ ☐☐ ☐☐☐☐	
CNIC: ☐☐☐☐☐–☐☐☐☐☐☐☐–☐	Phone Residence:	Phone Office:	Mobile:

To be Filled by Treating Doctor/Hospital:

Name of Laboratory:		Date of Investigations: ☐☐•☐☐•☐☐☐☐	
Name of Treating Doctor:		Treatment Type: ☐ Elective ☐ Non-Elective	
Clinical History:			
Type of Investigation:	☐ Laboratory Investigation	☐ Radiology	☐ Any Other

Details of Selected Investigation Type:

1. ____________ 4. ____________ 7. ____________

2. ____________ 5. ____________ 8. ____________

3. ____________ 6. ____________ 9. ____________

To be Filled by SLIC:

اسٹیٹ لائف انشورنس کارپوریشن آف پاکستان

Eligibility Check: ☐ ELIGIBLE ☐ NOT ELIGIBLE	
Comments (Approved/Denied):	Week Number for 2024: ☐☐ Date: ☐☐•☐☐•☐☐☐☐
Type of Allowed Investigation: ☐ Credit ☐ Cash	Total Limit:
Expected stay in Hospital (Days):	
Date of Statement: ☐☐•☐☐•☐☐☐☐	____________ Signature/Seal of Approving Authority

STATE LIFE INSURANCE CORPORATION OF PAKISTAN, STATE LIFE BUILDING NO:3, 4TH FLOOR, REGIONAL OFFICE, HEALTH & ACCIDENT INSURANCE, DR. ZIAUDDIN AHMED ROAD KARACHI.