

New Jubilee Insurance Company Limited

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Prior Approval Form



Family Sehat
CARE

Valid Only For Panel Hospitals & for Non-emergencies Only
(Section 03 to be filled by the concerned Physician Authorized Panel Hospital Personnel)

Section - 1: Insured's Information

Patient's Name: _____ Age: _____

Policyholder's Name: _____ Policy No. _____ Plan: _____

Relationship with Policyholder: _____ Policy Commencement Date: _____

Address: _____

Cell Phone: _____ Phone-Land Line: _____

Section - 2: Hospital's Information:

Hospital's Name: _____ Contact Person: _____

Tel. No.with City Code: _____ Fax. No.with City Code: _____

Section - 3: Admission Information

Consultant's Name: _____

Provisional Diagnosis and its duration: _____

Previous Medical History (Mention diagnosis and duration): _____

Previous history of any Hospitalization/Surgery (Mention Reason and date): _____

Proposed Date of Admission: _____ Length of Stay: _____

Admission Status: Bed Patient Day Care Estimated Cost: _____

Surgical Procedure(if any): _____

Signature & Stamp of Physician or Authorized Hospital Staff _____ Date _____

Section - 4: For NJI's Use Only

Remarks: _____

Credit Limit: _____ Authorized Signature with Stamp: _____