



Health Insurance Policy

HEALTH COMPANION
YOUR HEALTH MATTERS

Atlas Insurance Ltd.

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N.T.N. 2396345-0



Policy Conditions:

1. Four weeks pre-hospitalization / post-hospitalization cost of Diagnostic Tests maximum limit upto Rs. 35,000/- consultation is payable from the same hospitalization limit provided that the post-hospitalization consultations are with the same surgeon, (subject to balance available of the basic hospitalization limit)
2. Enhancement of 50% of Individual limit in case of Road Traffic Accident (RTA)
3. Day Care surgeries: Dialysis; Specialized investigations i.e. MRI, CT Scan, Endoscopy, Thallium Scan, Angiography in Outpatient setting; Treatment of Fractures & Lacerated Wounds.
4. Local Road Ambulance services for emergency cases only.
5. Emergency dental treatment due to accidental injuries (within 48 hours for pain relief only).
6. Pre-existing conditions are covered for the existing employees only.
7. Interferon therapy (Hepatitis B & C) is covered only 10 case.
8. Injuries and ailments pertaining to Industrial or Occupational hazards are covered.
9. Covid-19 coverage subject to hospitalization after PCR test positive.
10. Negative PCR for covid-19 is not covered.
11. Home treatment of Covid-19 is not covered
12. Covid-19 PCR test for travel purpose is not covered
13. Employees & Spouses are covered up to the age of 80 Years.
14. Male children (unmarried) up to the age of 28 years & Female children till they get married.
15. No bill in respect of Pre & Post hospitalization or reimbursement expense is acceptable after 45 days of the expiry of Policy.
16. Only newly hired employee can be added during the policy subject to submission of appointment letter.
17. Only newly married and newly born baby will be added subject to the provision of marriage certificates and birth certificates.
18. No dependent of any existing employee will be added during the policy.
19. During the Policy period category of employee and their dependents cannot be changed.
20. (i). For treatment in non-panel hospital preauthorization from Atlas Insurance in writing is mandatory, otherwise reimbursement claim will not be entertained.
- (ii). In case of extreme emergency if the patient was admitted in non-panel hospital the employee would be required to intimate Atlas Insurance through HR department within 24 hours of the admission otherwise no Claim would be entertained.
21. Maternity Ante-natal & Post-natal expenses are only payable after delivery is done.



ATLAS INSURANCE POLICY WORDING

Whereas the insured described in the schedule hereto have applied to the Atlas Insurance Limited. (Hereinafter called the "company") for health insurance hereinafter set forth on behalf and for the benefit of their employees and their dependents specified in the schedule and have paid or agreed to pay the premium as mentioned in the said schedule.

Now this policy witnesseth that subject to the terms, limits, provisions, exclusions and conditions contained herein or endorsed or otherwise expressed herein, the company undertakes that if at any time during the period stated in the schedule or during the continuance of this policy any of the insured's employees and their dependents covered under the policy shall, whilst anywhere in Pakistan, sustain any bodily injury or contract any disease or suffer from any illness then if such injury, disease or illness shall require any such employee and his dependents on the advice of a registered medical practitioner(s) to undergo surgical or medical treatment which is covered under the policy, the company shall pay to the insured up to but not exceeding the prescribed limits stated under limits of benefits in policy schedule A.

TERMS AND CONDITIONS

1. All premiums, including taxes, etc., shall be payable at the office of the company issuing the policy. The first premium is payable in advance for the full year. Thereafter, with the consent of the company, this policy may be renewed from year to year, on such terms, conditions and premium rates and on payment of such renewal premiums as the company may determine.

Thirty days of grace or such period as the company may allow for the payment of second and subsequent premiums under this policy. If any premium is not paid within the allowed grace period, this policy shall not remain in force but the policyholder shall be liable to the company for the payment of all premiums due up to the date of termination. If, however, during the grace period the policyholder notifies the company in writing that this policy is to be discontinued, this policy shall be terminated on the day the company receives the notice. The policyholder shall be liable to the company for all unpaid premiums together with a pro rata premium for the days of grace period during which this Policy was in force.

2. The due payment of premium shall be condition precedent to any liability of the company to make payment under this Policy.
3. All notices required to be given by the insured to the company must be in writing addressed to the Head Office/Branch of the company from which this policy was issued, and notice or knowledge of anything relating to this policy or any claim hereunder shall not be deemed to be notice to or within the knowledge of the company unless so given; and no alteration in the terms of this policy, nor any endorsement thereon, will be held valid unless the same is signed by an authorized representative of the company.
4. The insured shall give immediate notice to the company of any change in their business, trade or profession and business address as described in the schedule of insurance.
5. This policy can be terminated by notice from either side by recorded delivery letter at insured's last known address / company's head office, as the case may be. The company shall refund premium to the insured where appropriate.
6. In the event that any of the benefits under this policy are available or become available during the currency of this policy to the insured person under any other insurance scheme or plan or program or arrangement established pursuant to any law or regulation of any Government body, then this insurance shall pay only a ratable proportion of the expenses incurred are covered under the policy, which, when added to such

- duplicate benefits, shall not be more than 100% of the benefits covered under this policy.
7. Any word or expression to which specific meaning has been attached shall bear such meaning wherever it may appear in this policy. Words in the masculine gender shall be deemed to include the feminine.
 8. The due observance and fulfillment of the terms and conditions contained herein or endorsed or otherwise expressed hereon as they relate to anything to be done or complied with by the insured and the truth of the statements made by the assured shall be conditions precedent to the liability of the company to make any payment under this policy.
 9. The schedule of insurance, provisions and exclusions, schedule of benefits, clauses and endorsements incorporated herein are made a part of this policy and shall be read as one contract.
 10. This policy shall be governed by and interpreted according to the law of the Islamic Republic of Pakistan.
 11. If the company shall disclaim liability to the insured for any claim hereunder, and if any such claim shall not, within one calendar month from the date of such disclaimer, have been referred to arbitration under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
 12. In case any dispute or difference arises between the company and the insured concerning any matter arising out of this policy, such matter shall be referred to the decision of two arbitrators (who shall be disinterested parties) one appointed by the company and one by the insured in writing unless the parties agree to appoint only one arbitrator, such agreement to be reached within four weeks of one of the parties receiving written request to this effect from the other. In case either party shall refuse or fail to appoint an arbitrator within four weeks after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator. The award of such arbitrators or their umpire (who shall have been appointed by the parties in difference in writing before entering upon the reference and who shall be responsible for conducting the business of the arbitration) be final and binding upon all parties there to and such reference shall be a reference to arbitration within the meaning of the Arbitration Law of Pakistan or of any statutory modification or re-enactment thereof presently in force and the obtaining of an award shall be a condition precedent to any liability of the company or any right of action against the company.

13. This Policy gives the company, through its duly authorized representative, the right at reasonable times to inspect all books and record of the policyholder relating to the coverage affected hereunder. This also includes the right of the company to seek and ask for any record, and condition for policyholder to fulfill regarding evidence of insurability, eligibility for insurance, leave records, past medical record or any other record or document relevant to requirement of this policy, its execution or claims pertaining to this policy.
14. This policy gives the company the right to itself seek or for insured to provide second medical opinion, verification /certification for any claim or claim document filed by the insured under this policy.
15. Specimen signatures will be conveyed to the company at the time this policy becomes effective.
16. Official correspondence with the company shall mean those made to the company by the policyholder through its designated officer(s) only. Their names and Specimen signatures will be conveyed to the company at the time this policy becomes effective.
17. Subject to acceptance by the company to insure and subsequent inclusion in the policy, the company will charge special premium in cases of employee, dependents, individual with pre-existing condition including pregnancy, high risk individuals and newborns requiring treatment / confinement at or within thirty days of their birth. The company reserves the right to refuse the insurability or inclusion of any individual it feels inappropriate for insurance under this Policy.
18. The company may apply additional provisions for insurability and eligibility for insurance in case of non-employee group / contractual employees / dependents.

GENERAL CONDITIONS

POLICY CONTRACT: This policy and declaration documents (Declaration Form) endorsements if any and list of the employees and their dependents constitute the entire contract between the insured and the company.

POLICY AMENDMENT: This policy can be amended or changed at any time during the policy period, to provide for addition or deletion of the employee or their dependents if covered, change in employee category or change in benefit limits (in advance before occurrence of a loss), on written request of the policyholder subject to acceptance by the company and premium adjustment where applicable.

- ☐ During the policy period addition of any dependent (other than newly married spouses & new born babies) will not be allowed.
- ☐ Newly married employees should cover their spouses immediately after marriage. Marriage certificate date will be followed for addition of the spouse. ☐
- All newborns born during the Policy period will be added in the policy automatically after delivery case from the date of birth.
- ☐ Pro-rata/short term premium will be charged in case of addition of all new employees, newly married spouses & new born babies.
- ☐ All premiums relating to deletion of insured family/unit will be calculated & payable at the expiry of the policy. However cessation of cover will be affective from the date as mentioned under the General condition of policy ("Cessation of Cover" as given below)
- ☐ Premium related to deletion and exclusion of insured will be calculated on short term premium basis and payable subject to no claim. In the event of claim at any time, the company reserves the right to retain 100% of the annual premium.

The company shall retain a premium in accordance with the following scale for the time this policy has been in force:

- For 1 month 20% of the annual premium
- For 2 months 30% of the annual premium
- For 3 months 40% of the annual premium
- For 4 months 50% of the annual premium
- For 5 months 60% of the annual premium
- For 6 months 70% of the annual premium
- For 7 months 80% of the annual premium
- For 8 months 90% of the annual premium
- In excess of 8 months 100% of the annual premium

The company reserves the right to charge extra premium/amend or cancel the policy / in event of decrease of number of insured units in the policy from the number at the time of inception.

CESSATION OF COVER:

An insured person shall cease to be insured on the earliest of the any of the following dates:

- ☐ The date on which employee ceases to be in service, or
- ☐ The date on which maximum age eligibility limit is reached, or
- ☐ Any other date on which he / she ceases to be eligible for insurance, or
- ☐ The date this policy terminates, or
- ☐ The Date on which a dependent gets employed or married.

POLICY TERMINATION / RENEWAL:

This policy is for one year. All claims till expiry date of the said policy shall be submitted within fifteen days from the date of expiry and no claim shall be entertained thereafter. The company has allowed one month's grace period as per expired policy terms & condition. In case of the renewal it will be adjusted in the next policy and in case of non-renewal the insured is liable to pay premiums pertaining to one-month grace period and such premiums will be on short terms basis.

Cessation of cover for an employee automatically results in cessation of cover for all dependents.

The company also reserves the right at any time to terminate the insurance of any insured person after giving notice to the insured in writing under intimation to the policyholder if he or any member of his family covered by this contract has at any time, _

- a) Misled the company by misstatement or concealment or
- b) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the company's detriment, or
- c) Failed to act with the utmost good faith.

DATA FOR INSURABILITY:

The policyholder shall furnish Declaration Form duly filled in and signed by all the employees and on behalf of his/her dependents. Declaration Form contains all the basic family data required to issue health cards and medical history of the family specifying state of health/disease of each insured at the time of policy commencement. Insurability of primary insured or any of its units, issuance of health cards, and sanction of claims is subject to submission of these declaration forms and their acceptance by the company.

Following details should be furnished and disclosed:

- i. Details (name & status) of employee and his/her dependents to be insured under the policy.
- ii. Pre-existing ailment status/declaration to be disclosed to the best of their knowledge, stating the true state of health/disease, not withholding any fact.

Hospitalization claim for any chronic ailment/pre-existing disease that is not disclosed before the commencement of policy in "Declaration Form" is not payable.

The company reserves the right to accept or exclude any disease disclosed in "Declaration Form".

Health Cards:

Every primary insured person / employee will be issued a health cards. This health card will also bear employee's folio No. for future reference and computer identification especially for purpose of claims. This health card will also indicate briefly the summary of benefits covered under the policy. Any misuse of these credit letters will be the sole responsibility of the insured.

Health Card of insured employee shall be immediately returned to the company upon exclusion from the policy of a primary insured or cessation of policy cover.

Issue of duplicate health card, if lost, is subject to written request by the insured along with an undertaking signed by the person for whom duplicate health card is required. Issue of new health cards on policy renewal is subject to return of expired health cards.

EXAMINATIONS:

The Company shall have the right and opportunity through its official or assigned medical representatives to examine the person of the insured when and as often as it may reasonably deem necessary either at the time of policy commencement or during pendency of a claim hereunder or otherwise.

TREATMENT AT PANEL / APPROVED HOSPITALS:

In case credit facility at the company panel hospitals is utilized, the employee is required to present health card along with National Identity Card in case of adults. Credit arrangements are available for in-door treatment at these hospitals. List of these hospitals is provided to the insured at the time of Policy commencement. The company may amend this list from time to time. Credit arrangements may change at any time.

Hospital bills for availed facilities covered under the policy are directly settled by the company, excluding charges not covered under the policy, and any excess payments or payments demanded by the hospital for any reason.

PAYMENT OF CLAIMS:

In case where indemnity shall be on a reimbursement basis, the benefits, payable under the terms of this policy, will be paid to the policyholder or to the insured person as agreed in writing. The company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the insured or by any insured person or by any other person on their behalf.

The company holds all the rights to with-hold, inspect, investigate, make deductions, reject part or whole claim which it finds inappropriate, suspicious or fraudulent.

No claim is admissible and payable in case a non-panel institution is utilized without prior permission of the company. The company reserves all rights to accept or refuse the request for utilizing a non-panel hospital particularly if a panel hospital is available in that area.

In case any of the prescribed procedures is not followed, the company reserves the right to either negate or reduce the benefit amount to match the cost with its approved / panel hospital rates for such hospital confinements.

RE-IMBURSEMENT OF CLAIMS:

Claims should be submitted on the prescribed claim form of the company duly signed by the employee, the employer or designated officer and duly signed & stamped by the attending doctor.

Claim submission to the company shall be accompanied by a covering letter from the Insured's designated officer giving details of the claim submitted. Claims submitted directly by the employee will not be entertained.

CLAIMS SUBMISSION PERIOD:

All claims (hospitalization, maternity & specialized investigations) together with required supporting information / documents shall be submitted to the Company within thirty days, Where it is not reasonably possible to submit claim within thirty days, the claim may be submitted later with prior approval of the Company but in no case later than ninety days of the date of commencement of the event which gave rise to the claim.

Claims submitted after the period mentioned above will be considered as time barred claims. The company carries no liability to pay such claims. This condition does not apply to the submission of claims at the time of cessation of the policy where the claims shall be submitted to the company within 15 days.

RECOVERY OF EXCESS PAYMENTS:

In case an insured person incurs any expense utilizing credit facility which is not covered under the policy and or is under the prescribed exclusions of the policy, then the policyholder would be responsible to recover such excess amounts from the primary insured person and pay the same to the company. Such amounts shall include any cost containment features, amounts in excess of limits and / or other expenses, which are not covered under this policy.

Settlement of hospital credit bills / expenses on account of any credit facility availed but not covered under the policy will be the sole responsibility of the insured/policy holder.



HOSPITALIZATION (IN-PATIENT)

All hospitalization should be authenticated by documents clearly indicating the reason for hospitalization by the referring specialist/consultant (physician, surgeon, gynecologist etc.) General practitioners, medical officers are required to make referrals to the concerned specialists for the purpose of hospitalization.

The Company reserves the right to reject any hospitalization which does not conform to accepted medical practice.

PER AILMENT PER CONFINEMENT

Multiple hospitalizations for same ailment will be reimbursed and payable up to the maximum of one confinement limit. The time period to consider new confinement for the same ailment should be minimum sixty days between two confinements.

PANEL HOSPITAL CONFINEMENT

Every primary insured is issued health card to avail credit facility at approved panel hospitals. In case credit facility at the company's panel hospitals is utilized the employee is required to present health card along with a copy of National Identity Card in case of adults. Credit arrangements are available for in-door treatment at these hospitals.

INTIMATION / PRIOR APPROVAL

Where indemnity is on re-imburement basis in case of a scheduled hospital confinement (i.e. other than an emergency) in a hospital, which is not an approved hospital, the employee must first seek prior approval from the company by submitting a cost estimate from the physician for the hospital confinement and procedures to be carried out. The company would then issue an approval letter, a copy of which should be sent along with the claim papers for settlement of claim within four weeks of discharge from the hospital. Settlement of such claims shall be on reimbursement basis.

The policyholder or primary insured person shall inform the company in writing when hospitalization confinement is required and before such treatment is undertaken except in case of medical emergencies. In case of medical emergencies' intimation shall be given within forty eight hrs of such hospitalization but before discharge from the hospital (whichever is earlier). Intimation shall mean intimation given by or on behalf of the insured to the company at its Head Office or respective branch, with information sufficient to identify the Insured, the hospital and the physician.

NON-PANEL HOSPITAL CLAIM REIMBURSEMENT

In case where the indemnity shall be on a reimbursement basis, a completed claim form together with required supporting information / documents shall be submitted to the Company within thirty days, Where it is not reasonably possible to submit claim within thirty days, the claim may be submitted later with prior approval of the Company but in no case later than ninety days of the date of commencement of the event which gave rise to the claim.

The hospital shall comprise all necessary facilities and standards to constitute a hospital. In case of hospitalization facility utilized at small clinics/nursing homes, not in conformity with accepted standards and regulations, claims will not be entertained.

Reimbursement of claims (hospitalization/maternity) of such institutions that are managed and run by simple general practitioners (not constituting and less than 24 hour qualified specialist/consultant supervision) is neither admissible nor payable unless prior permission is granted by the company under extraordinary circumstances.

DEFINITIONS

1. **Atlas Care** is a product and part of Atlas Insurance Limited. In this policy where ever Atlas Care is used it will invariably mean Atlas Insurance Limited.
2. **"INSURED PERSON"** means an individual whose name is included in the policy schedule and satisfies the evidence of insurability as required under the policy conditions.
3. **"EMPLOYEE"** means an insured person who is in full time active service with the policyholder.
4. **"FULL TIME ACTIVE SERVICE"**. An employee will be considered to be in full time active service on any day if he is then performing or is capable of performing in the customary manner all of the regular duties of his employment on the last scheduled working day. A dependent will be considered to have satisfied the evidence of insurability on any day if he is then able to perform all the normal activities of a typical person of the same age and sex, and is confined neither at home nor in a hospital or any other medical facility.
5. **"FAMILY"** means employee, spouse, dependent children covered under the policy.
6. **"DEPENDENT"** means and includes the legal spouse of an employee (other than a legally separated spouse) or the person living with the employee in a legally recognized husband and wife relationship who is registered as such in the record of the assured. Dependents also include unmarried children, stepchildren and legally adopted children, living with and residing in the employee's house or absent there from only to attend an educational institution and dependent upon the employee for support and also extends to unmarried children, step children who are over 18 to 28 years of age if attending a full time college or a university whilst having the same permanent residence as the employee.
7. **"SICKNESS or ILLNESS or AILMENT"** mean an illness of the insured person, which becomes manifest during the period of insurance and is perceived by a registered qualified medical practitioner to necessitate immediate medical treatment not otherwise excluded from the policy.
8. **"ACCIDENT"** means an unexpected, unusual and specific event which occurs during the period of insurance, at an identifiable time and place. In this policy "On Road Accident" means Road Traffic Accident (RTA) only. "Off Road Accident" means all those accidents not involving RTA even if its occurrence is on the road.
9. **"ACCIDENTAL BODILY INJURY"** means physical injury caused by an accident which is sustained by an insured person during the period of insurance and occasions the necessity for the insured person to receive in-patient care and attendance from a hospital.

10. **"PRE-EXISTING CONDITION"** means any injury or illness or related or consequential or recurrent condition for which treatment or medication or advice or diagnosis was sought or received one year prior to commencement of this policy for the concerned insured person or which was known or should have been reasonably known to exist prior to the commencement of this policy for the insured person or in respect of which the need for treatment was foreseeable at inception of this policy whether or not treatment or medication or advice or diagnosis had been sought or received.

11. **"REGISTERED MEDICAL PRACTITIONER OR PHYSICIAN"** is a person legally licensed to practice medicine in the country and who is rendering such practice and practicing within the scope of his license and training and includes doctors of medicine, general practitioners, specialists, consultants, registered hakeems and homeopaths.

12. **"PRESCRIBED DRUGS"** are the medications whose sale and use are legally restricted to the order of a physician, and do not include items that may be purchased without a physician's prescription.

13. **"HOSPITAL"** means an institution which is licensed under the law of the country in which it is located, and exists primarily for carrying out surgical operations or providing treatment of a nature which only medical practitioners can provide and which renders 24 hours, medical and nursing care, moreover which maintains daily medical/treatment record of the patient. This definition is extended to include maternity homes.

14. **"APPROVED HOSPITAL"** means a hospital approved by the company to provide treatment for which a benefit may be payable under this policy. A list of currently approved hospitals is attached to this policy. The company reserves the right to amend this list from time to time.

15. **"HOSPITAL SERVICES"** are medical treatments provided during the period of insurance to the insured person who is admitted as a registered patient in a hospital. These include room and medical charges, use of hospital medical facilities and all medical treatments and services prescribed by a physician.

16. **"GENERAL OUTPATIENT SERVICES"** are outpatient services provided or prescribed by a physician who is licensed as a general practitioner.

17. **"SPECIALIST OUTPATIENT SERVICES"** are outpatient services provided or prescribed by a physician who is licensed as a specialist or consultant to whom the insured person has been referred by another physician/general practitioner.

18. **"HOSPITAL CONFINEMENT"** means that an insured person is registered as a bed patient in a hospital and incurs daily room charges.

19. **"HOSPITALIZATION"** means the insured person's member's stay in a hospital for a minimum period of 24 hours for either medically necessary treatment or observation of any disease, sickness or bodily injury. Hospital confinement directly or indirectly related to maternity (pregnancy/childbirth) / dread disease is excluded from this definition.

20. **"PRE & POST HOSPITALIZATION"** Treatment means consultation/treatment/investigation received before and following discharge from hospital for four week prior to hospitalization & two weeks after hospitalization, respectively, and related to In-Patient treatment covered under the policy for reason of which hospitalization occurred. Charges payable for the treatment shall not exceed the annual limit of hospitalization as prescribed in the policy schedule of benefits. Post consultation is payable provided that the follow-up consultations and treatment is made with the same doctor (surgeon/physician) for the same ailment.

21. **"SURGICAL OPERATION"** means an operation by incision, which is carried out in a hospital and normally requires the use of an operation theatre. Successive surgical operations, performed as a result of the same or related causes, and not separated by more than sixty days, shall be considered as one surgical operation unless the second operation results from an unrelated cause or causes. Surgical operation related to maternity (pregnancy/childbirth) / dread disease is excluded from this definition.

22. **"EMERGENCY TREATMENT"** means necessary medical treatment arising from an accident or conditions where treatment is required immediately to prevent loss of life or serious deterioration of the patient's health.

23. **"DAY CARE SURGERIES/ PROCEDURES"** means medically approved same day procedures where the insured is not required to occupy a bed overnight: .e.g

- ☐ Dialysis
- ☐ Stitches for lacerations etc
- ☐ Treatment of fractures ,POP
- ☐ Cataract (cost of IOL included)
- ☐ Lithotripsy
- ☐ Chemotherapy
- ☐ Radiotherapy
- ☐ Biopsy / FNAC

24. **"HOSPITALIZATION EXPENSES"** means reasonable and customary costs and expenses for in-patient Medical / surgical specialist fees, nursing attendance charges, cost of physiotherapy and manipulative treatment, surgical and medical requisites. All these expenses to be necessarily incurred and arising from accidental bodily injury occurring or illness/sickness manifests itself during the policy period.

a) **"MEDICAL EXPENSES"** means all reasonable and customary costs incurred during the period of insurance in respect of medical, surgical or remedial treatment given by a physician together with hospital services, ambulance charges, and laboratory and x-rays services.

b) **"LABORATORY AND X-RAY SERVICES"** are laboratory testing procedures and radiographic & nuclear medicine procedures used to diagnose and treat medical conditions. Laboratory and x-rays services are included as specialist outpatient services if they are provided or prescribed by a physician who is licensed as a specialist or consultant.

25. **"REASONABLY AND CUSTOMARY"** hospitalization expenses which conform to the level of charges made by the majority of hospitals in Pakistan and in the respective city/area of Pakistan in which such expense claimed hereunder were incurred, such charges to be for similar treatment and hospitals to be similarly qualified and of similar standing as those in respect of which claim is made

26. ROOM LIMIT ENTITLEMENT DIFFERENCE PERTAINING TO HIGHER TREATMENT COST

Any increase in the expenses ,(other than room limit difference),incurred for the treatment on account of the insured being admitted to a more expensive room than allowed by his daily room rent limit ,shall be borne by the insured.

27. **GEOGRAPHICAL LIMITS PAKISTAN** (Geographical limit of this policy is within Pakistan. Any Treatment / Procedure done outside Pakistan is not covered in the policy.)

EXCLUSIONS

The company does not insure and no benefit is payable on account of the following:

1. Confinement or surgical/medical operation or procedure not recommended by a legally licensed / registered physician, surgeon or specialist.
2. Pre-existing illnesses or accidental injuries, unless fully disclosed prior to the date of eligibility or at policy commencement for insurance and approved by the company.
3. Accidents, mental illnesses, and any sickness, or condition arising from drug abuse, alcoholism or an insured's criminal act.
4. Self-inflicted injuries while sane or insane, including attempt to commit suicide.
5. General check-ups, routine physical examinations, routine preventive measures and or rest cures, confinements which are primarily for diagnostic purposes.
6. Supply or fitting of eyeglasses, contact lenses, laser corrective procedure for errors of refraction, radial keratotomy, corneal transplant, excimer laser or any hearing aids.
7. Cost of limbs or supporting equipment for revival or correction of the function of the body, rehabilitation aid equipment like wheelchair, crutches etc.
8. Personal comfort items like charges for telephone and meal.
9. In-hospital dental examinations, x-rays, extractions or fillings unless necessitated due to accidental injury occurring while the insured was covered under the policy.
10. Cosmetic or plastic surgery unless necessitated due to accidental injuries occurring while the insured is covered under the policy. Medication used for cosmetic reasons, dietary products/supplement, medicated pediatric milk products even if advised by a physician.
11. Medical expenses or cost of management of rehabilitation of handicapped children.
12. Expenses directly or indirectly resulting from or consequent upon congenital defects and deformities of any nature whatsoever both physical and mental.
13. Treatment/procedure requiring prosthetic implants (except Intra-Ocular Lens).
14. Test, treatment and investigation relating to infertility, sterilization, contraception and any related complication.
15. Charges for special nursing, inoculation, and circumcision unless covered under any endorsement or policy clause.
16. Injuries while traveling by air or marine transportation, except as a fare paying passenger in a licensed aircraft or marine transport being operated by a licensed airline/sealine according to the public schedules.
17. Injury or illness due to war, invasion, civil war, revolution, insurrection or military uprising and the insured taking part in paramilitary forces, treatment from natural hazards such as earthquake, landslide, etc.

18. Injuries, disease or illness directly or indirectly due to or arising from mountaineering, rock climbing, hunting, steeple chasing, polo or winter sports, or racing or engaging in any hazardous activities such as aviation or ballooning and injuries resulting from involvement in any terrorist and unlawful activities.
19. Ionizing radiation or contamination by radioactivity from any nuclear fuel & nuclear waste.
20. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear components thereof.
21. Naval or Military or Air Force or Police Force operations planned or conducted against bandits, terrorists or other like elements.
22. Injuries and ailments pertaining to Industrial or Occupational hazards.
23. Deliberate exposure to exceptional danger (except in an attempt to save human life) or the insured person's own criminal act.
24. Custodial care or period of isolation.
25. Treatment of any ailment or damages cost resulting from any mismanagement, negligence or malpractice of an unqualified or qualified Physician / person or hospital / institution.
26. Any treatment or procedure performed on un-born fetus.
27. AUTOIMMUNE DISORDERS In cases of life threatening connective tissue disorders (cg. SLE) & other Auto-immune disorders (cg. Autoimmune hemolytic anemia) arising during the course of existing policy year only two-hospitalization cover will be available in that policy year subject to acceptance by the company.

MATERNITY CLAUSE

Declaration of 'Pregnancy' in prescribed declaration form 'A' with period of existing pregnancy & expected time of delivery is mandatory for execution of this clause.

The maternity limit / package (as per policy schedule) consist of antenatal expenses (expenses on consultation, lab test, medication etc before delivery.), Delivery expenses (expenses on delivery, normal or otherwise) and post-natal expenses (expenses occurring up to 21 days after and related to the pregnancy)

Following expenses on account of maternity / childbirth are payable under maternity clause;

- A. Antenatal and Postnatal expenses are included in the maternity limit as stated in the policy schedule.
- B. Charges made by a physician or licensed midwife for delivery.
- C. Hospital charges including nursery care for the baby, while the mother is confined in the hospital.
- D. Charges for circumcision of new born baby boy's maximum of Rs. 6000, Payable subject to available balance in the maternity limit.
- E. Vaccines covered under the Expanded Program on Immunization (EPI) of Govt. of Pakistan will be covered only, which includes vaccination against Tuberculosis, Hepatitis B, Poliomyelitis, Diphtheria, Pertussis, Measles, Tetanus, Hib, Pneumonia and Meningitis.

Subject to the maternity expense limits and any cost containment features indicated in the schedule, the following conditions shall apply:

- 1) Maternity benefits are available for the dependent wives and for married female employees only covered under the policy.
- 2) The benefit limit under this clause shall apply to only two pregnancies, including any and all complications in connections with the pregnancy.
- 3) All legal therapeutic miscarriages/abortions are considered maternity claims and are payable as per normal maternity limits of the policy.
- 4) Hospitalization in regard to investigation and treatment of primary and secondary infertility is not payable under maternity or under hospitalization cover.
- 5) Antenatal and postnatal maternity claims are not payable under O.P.D account.
- 6) The enhanced 'cesarean' limit, as shown on the schedule, shall apply only to deliveries involving abdominal cutting and/or extra uterine conceptions (Ectopic Pregnancy) and in no event shall include procedures such as episiotomies, spontaneous vaginal deliveries (S.V.D.'s), forceps, assisted deliveries, vacuum assisted deliveries and breech deliveries, which shall be covered under the normal pregnancy limit.
- 7) In the case of 'multiple births pregnancy' (i.e. more than one child in a single pregnancy) payable under this clause will be increased subject to maximum of 25% of normal maternity limit as stated in the policy schedule or Rs. 5,000 whichever is lower.
- 8) Maternity Ante-natal & Post-natal expenses are only payable after the delivery, provided that the delivery is within the policy period and the employee & spouse are covered.

SPECIALISED INVESTIGATION CLAUSE

Specialized Investigation (S.I) cover can only be utilized provided a qualified specialist/consultant has advised the relevant 'specialized investigation' and a prior intimation is made and permission granted by the company'.

The following investigations are covered under 'specialized investigation cover. No other investigation is payable under this cover.

Specialised Investigation on Outpatient basis:

- ☐ Endoscopy
- ☐ MRI
- ☐ Echo
- ☐ CT Scan
- ☐ Angiography (Heart)
- ☐ Thallium Scan
- ☐ Colonoscopy
- ☐ Gastroscopy
- ☐ ETT
- ☐ Manimography
- ☐ Barium Enema
- ☐ Carotid Doppler
- ☐ EEG
- ☐ HAULTER'S Monitoring etc

AIL Dedicated Help Line for Group Health Insurance available 24/7 (0305-4449090) (0309-4449090)				
SR.#	HOSPITAL	ADDRESS		CONTACT #
		LAHORE		
1	AADIL HOSPITAL	MAIN BOULEVARD DHA		042-6667274-5
2	AKRAM MEDICAL COMPLEX	2-B, MAIN GULBERG, LAHORE, PAKISTAN, NEAR EFU HOUSE ZAFAR ALI ROAD		042-35710400-05
3	AL-NOOR DIAGNOSTIC CENTER	SHADMAN OPP FATIMA MEMORIAL HOS		92-42-37571100
4	AMERICAN EYE CENTRE	3 A MUSLIM TOWN ,		042-35864024
5	ARIF MEMORIAL HOSPITAL	27 KM FEROPUR ROAD		0492-451091-5
6	FATIMA MEMORIAL HOSPITAL	SHADMAN ,Lahore		92-42-3742-1993
7	CAVALY HOSPITAL	44-45, COMMERCIAL AREA, CAVALARY GROUND EXT., LAHORE CANTT		-
8	FAMILY HOSPITAL	4 MOZANG ROAD		042-37233915-18
9	FAROOQ HOSPITAL	2,3 ASIF BLOCK MAIN BOULEVARD ALLAMA IQBAL TOWN		042-37813471-3
10	FAROOQ HOSPITAL- WEST WOOD BRANCH	MAIN CANAL ROAD, OP METRO CASH & CARRY, THOKAR NIAZ BAIG, LAHORE		042-37498550, 37498557
11	LAHORE CARE HOSPITAL	E-8372/2 GHAZI ROAD STOP, MAIN FEROPUR ROAD ,LAHORE		Ph:0423-5820230, 0305-555-2323
12	FAUJI FOUNDATION HOSPITAL	BEDIAN ROAD		042-39220291-3
13	GHURKI TRUST & TEACHING HOSPITAL	GT RD-BURKI ROAD LINK-BAND ROAD-LAHORE		042-111 348 348
14	HAFEEZ EYE CLINIC	12- SUNFLOWER SOCIETY, J-1, JOHAR TOWN		042-35315521-25
15	HAMEED LATIF HOSPITAL	14 ABU BAKR BLOCK, NEW GARDEN TOWN		042-35837014, 35837019
16	HAQ ORTHOPEDICS	18 SANDA ROAD, LAHORE		042-37312860-1
17	IQRA MEDICAL COMPLEX	5 A, JOHAR TOWN		042-35173500, 35173600, 35173800
18	ITTEFAQ HOSPITAL	MODEL TOWN		042-3588191-88, 042-111-77-00-00
19	MUMTAZ BAKHTAWAR HOSPITAL RAIWIND	8KM RAIWIND ROAD		042-35320561-62, 35321675-76
20	NATIONAL HOSPITAL & MEDICAL CENTRE	132/3 L BLOCK DHA		042-111-171-819, 35728759-60
21	Omer Hospital Pvt Ltd	5-Shdman-II, Jail Raod, Lahore		UAN:042-111-111-127
22	PIC	JAIL ROAD, LAHORE		042-39203051-60
23	PRIME CARE HOSPITAL	MAIN BOULEVARD DEFENCE , LAHORE		042-36675123
24	RASHEED HOSPITAL	MAIN BOULEVARD DEFENCE, CANTT, LAHORE		042-36673192-4
25	RASHEED HOSPITAL	2-A, AIBAK BLOCK MAIN BOULEVARD NEW GARDEN TOWN, LAHORE		042-5869611
26	SAIRA MEMORIAL HOSPITAL	CIVIC CENTRE, MODEL TOWN EXTENSION, LAHORE		042-35162546-9
27	SHALAMAR HOSPITAL	SHALAMAR LIN ROAD ,MUGHALPURA, LAHORE		042-36817857
28	SHAUKAT KHANUM	7-A, BLOCK R-3, JOHAR TOWN, LAHORE		042-36817857
29	SURGIMED HOSPITAL	1 ZAFAR ALI ROAD , LAHORE		042-35714411-8
30	NATIONAL EYE CENTER	11-A SANDA ROAD LAHORE, LAHORE		042-37171681-4, 03004505847
31	PAKISTAN KIDNEY & LIVER INSTITUTE AND RESEARCH CENTER	PKLI AVENUE, OPPOSITE DHA PHASE VI, LAHORE		-
32	MUMTAZ BAKHTAWAR HOSPITAL WAHDAT ROAD	WAHDAT ROAD, OPPOSITE ALLAMA IQBAL TOWN, LAHORE		042-35434960-61
33	CHUGHTAI LAB	7 JAIL ROAD, MIAN GULBERG, LAHORE		0311 1456789
34	RAMZAN ALI SYED HOSPITAL	21-TEMPLE ROAD, LAHORE		-
35	KHAIRUN NISA HOSPITAL	17-C Civic Center C-Block Faisal Town, Lahore		(042) 35160112
36	AL-KHIDMAT TEACHING HOSPITAL	Mansoorah, Multan Road, Lahore. MANSOORAH, MULTAN ROAD, LAHORE		042-35201136-37
37	HUSSAIN MEMORIAL HOSPITAL	105 MULTAN ROAD, LAHORE		-
38	MID CITY HOSPITAL	Opposite Kinaird College 3-A Jail Road, side road, Shadman II Shadman 2 Shadman, Lahore		042-111-643-289
39	EVER CARE HOSPITAL	D-1 commercial, NECHS Phase I, Lahore		042-11-227-333

SR.#	HOSPITAL	ADDRESS	CONTACT #
41	Doctor Hospital & Medical Center	152-G/1+ Canal Bank Road, Johar Town, Block G 1 Phase 1 Johar Town, Lahore,	(042) 35302701
42	Inner Imaging Center	60 M GULBERG 3 EXTN, Lahore, 54810	(042) 35441607
43	IHSAN MUMTAZ HOSPITAL	71-E, MOLANA SHAUKAT ALI ROAD, JOHAR TOWN, LAHORE	-
KARACHI			
44	A D CLINIC	4 F 15/5 NAZIMABAD	021-36685560-63
45	ADAMJEE EYE HOSPITAL	SNPA 39-B, BLOCK C, ADAMJEE NAGAR, OPP. ZUBAIDA HPT, ADJ. TO MADINA MASJID, NEAR DHORJI COLONY	021-34132824-6
46	ALTMASH GENERAL HOSPITAL	St 9/A, Block 1, Clifton, Karachi	35187000-16
47	AGA KHAN UNIVERSITY HOSPITAL	STADIUM ROAD,	021-34862698
48	TABBA KIDNEY INSTITUTE	ST-26+ Federal B Area Block 7 Gulberg Town, Karachi, Karachi	021-36333036
49	AKU GARDEN TOWN	515, GOLD STREET, GARDEN EAST	+92 221 721 8282, 721 0966, 721 0522
50	AKU KARDAR	ATMARAM PRITAMDAS ROAD,	021-32526315, 32524638
51	AKU KARIMABAD	AISHA MANJIL, D - 6, BLOCK - 7, F.B. AREA,	021-36375950
52	AL MUMTAZ MEDICAL COMPLEX	25/423, DARAKSHAN SOCIETY, (KALA BOARD BUS STOP), MALIR	021-34510199, 34404040
53	AL HAMD MEDICAL CENTRE	LS-35, ST 10A, NEAR JAM E MASID, NOUMAN BLOCK NO 16 FEDRAL B Area	021-3632880, 021-3634417
54	ASHFAQ MEMORIAL HOSPITAL	SB -9,13/C, MAIN UNIVERSITY ROAD, GULSHAN-E-IQBAL	021-34822261-65
55	BURHANI HOSPITAL	TAYYAB JEE ROAD, GARIKHATA, KARACHI	021-32632556, 32633018
56	CHINIOT GENERAL HOSPITAL	ST - 1/3, SECTOR 41 B, KORANGI TOWNSHIP	021-35063443-6
57	DARUL SEHAT HOSPITAL	St 19, BLOCK -15, GULSHAN E JOHAR	021-34610271-5
58	DR ANKLESARIA EYE CLINIC & HOSPITAL	ANKLESARIA NURSING HOME, GARDEN TOWN	021-32250722, 32250337
59	FAIZ REHMAN HOSPITAL	METRO VILL NO. 1, S.I.T.E	021-36753407, 36751630
60	FIRST AID ORTHOPAEDIC MATERNITY GENERAL HOSPITAL	PLOT NO. 157, MALIR HALT	021-34681881-83
61	GOOLBANOO & DR BURJOR ANKLESARIA HOS	ANKLESARIA NURSING HOME, GARDEN TOWN	021-32720371, 32720374, 32720375
62	HABIB MEDICAL CENTRE	BS/3, BLOCK 4 PBS KARIMABAD FEDERAL B AREA KARACHI	021-36349678-83
63	HAFIZ MEDICAL CENTRE	L-80, SECTOR 32-E, NASIR JUMP, MAIN KORANGI ROAD, NASIR COLONY, KARACHI	-
64	HASHMANI'S HOSPITAL	JM 75, MA JINNAH ROAD, JACOB LINES	021-32781410-11, 32791152-54
65	HASHMANI'S HOSPITAL	G 18 KHALIQ U ZAMAN ROAD, BLOCK B CLIFTON KARACHI	021-32780335, 32781124
66	HASSAN GENERAL HOSPITAL	A 58-59, MALIR COLONY, MAIN NATIONAL HIGHWAY	021-34493528, 34513000, 34111132
67	IBN-E-SEENA HOSPITAL COMPLEX	ST 22/B, UNIVERSITY ROAD, GULSHAN-E-IQBAL	021-34992706- 34992640- 34979067
68	IFTIKHAR MEMORIAL HOSPITAL	B-71, GULSHAN-E-HADEED, PHASE II, BIN QASIM KARACHI	021-34715283-4, 021-34715285
69	IMAM CLINIC	ST-5, BLOCK-I, NORTH NAZIMABAD	021-36625111, 36626111
70	IMAM ZAIN UL ABDIN HOSPITAL	C / 42-43, RIZVIA SOCIETY	021-36622750
71	KARACHI ADVENTIST HOSPITAL	(1 DEPOY LINES MA JINNAH ROAD KARACHI	021-32227010
72	LIAQUAT NATIONL HOSPITAL	National Stadium Rd, Liaquat National Hospital, Karachi, Karachi City, Sindh 74800	021) 111 456 456
73	MAMJI HOSPITAL	C-19, BLOCK-17, FEDERAL B AREA, NEAR WATER PUMP	021-36804777, 36804666, 36806166-7,
74	MURSHID HOSPITAL	HUB RIVER Road, MUJAHIDABAD, KARACHI, PAKISTAN	021-32811301-6
75	NATIONAL MEDICAL CENTRE PVT LTD	NEAR KALAPUL, KARACHI,	-
76	NEHAL HOSPITAL	26 MALIR TOWNSHIP, KALA BOARD	021- 34506615
77	NEUROSPINAL & CANCER CARE INSTITUTE	100/1, DEPOT LINES, MANSFIELD STREET, M.A JINNAH ROAD, SADDAR, KARACHI-74400	92-300-3631657, 323-3226328
78	PARK LANE HOSPITAL	56 OLD CLIFTON, SHAHRAH R IRAN	021-5832092
79	PATEL HOSPITAL	St 18 BLOCK 4, GULSHAN E IQBAL	021-111174174, 021-34968660
80	SAIFEE HOSPITAL TRUST	ST-1 BLOCK F NORTH NAZIMABAD	021-6670695-6
81	SHAMSI HOSPITAL	SHAMSI COOPERATIVE HOUSING SOCIETY, WIRELESS GATE	021-34601161-62, 34601164-65
82	SHAUKAT KHANUM ,DIAGNOSTIC CENTRE & CLINIC	DHA , PHASE VII EXTENSION	021-35318513-6, 021-35318495-9
83	SIR SYED TRUST HOSPITAL	DHA, PHASE VII, EXTENSION, HINO CHOWK	0321-2731904

SR.#	HOSPITAL	ADDRESS	CONTACT #
85	TABBA HEART INSTITUTE	ST -01, BLOCK 02, FEDERAL B AREA	021-111-844-844
86	ZIAUDDIN HOSPITAL CLIFTON	4/B, SHAHRAH-E-GHALIB, BLOCK 6, CLIFTON	021-35862937-39
87	ZIAUDDIN HOSPITAL KEMARI	PLOT No. 33, BEHIND KPT HOSPITAL, KEAMARI	021-32851881-5
88	ZIAUDDIN HOSPITAL NORTH NAZIMABAD	NORTH NAZIMABAD	021-36648237-9
Sukkur			
89	Red Crescent Hospital Sukkur	Takkar Muhalla, Sukkur, Sindh	(071) 5623841
HYDERABAD			
90	AGA KHAN MATERNITY CENTRE	JAMSOORO ROAD	021-614172 - 74
91	RED CRESCENT GENERAL HOSPITAL & AMBULANCE CENTRE	UNIT No. 6, LATIFABAD	022-3818973 - 74
92	RED CRESCENT CARDIAC HOSPITAL & C.C.U	UNIT No. 2, LATIFABAD	022- 3816000-386272
ISLAMABAD			
93	ALI MEDICAL CENTRE	MAIN MARKAZ F 8	051-2255313-15, 2855174-5
94	RAWAL INSTITUTE OF HEALTH SCIENCES	LEHTRAR ROAD ISLAMABAD	-
95	FAROOQ HOSPITAL ISLAMABAD BRANCH	Murree Expy, Golf City Bahria Town, Kathar, Rawalpindi, Islamabad	(051) 2720213
96	MAROOF INTERNATIONAL HOSPITAL	10 th AVENUE, F 10 MARKAZ	051-2222920-49
97	LIFE CARE HOSPITAL	MAIN DOUBLE SWAN ROAD, G-10, MARKAZ	051-2111993, 2111994, 2111995, 5801364
98	SHIFA INTERNATIONAL HOSPITAL	H-8/4, ISLAMABAD -	051-8463000
99	QUAID-E-AZAM INTERNATIONAL HOSPITAL	NEAR GOLRA MORR, ADJACENT FOREBELS SCHOOL, PESHAWAR ROAD, ISLAMABAD	051-8449100
100	PAF HOSPITAL ISLAMABAD	MARGELLA ROAD, E-9 COMPLEX, ISLAMABAD	-
101	KULSUM INTERNATIONAL HOSPITAL (PROJECT OF SAIFEE HEALTHCARE LIMITED)	Address 2020 Blue Area, Kulsum Plaza, Islamabad.	051-8446666
JHELUM			
102	AFZAL HOSPITAL	JHELUM	0544-624646, 0300-8510337
RAWALPINDI			
103	AMANAT EYE HOSPITAL	10-D, MAYO ROAD, PAKISTAN, RAWALPINDI 46000	(051) 8439993
104	BAHRIA INTERNATIONAL HOSPITAL	PHASE VIII, RAWALPINDI	-
105	BILAL HOSPITAL	38 A SATELLITE TOWN SADIQABAD, RAWALPINDI	051-111-999-786
106	MARYAM MEMORIAL HOSPITAL	PESHAWAR ROAD RAWALPINDI	051-5481170
107	AHMED MEDICAL COMPLEX	70-C, SATELLITE TOWN, SADIQABAD ROAD, RAWALPINDI,	-
108	NUSRAT HOSPITAL	311/1 MAIN PESHAWAR ROAD, RAWALPINDI	051-5490880-1
ABBOTABAD			
109	VALLEY MEDICAL COMPLEX	MAIN MANSEHRA ROAD	0992-385418
110	ABBOTABAD MEDICAL COMPLEX	P.O ABBOTABAD PUBLIC SCHOOL, MANSEHRA ROAD, ABBOTABAD	0992-406615
WAH CANTT			
111	CITY HOSPITAL	A 23/1, QUAID AVENUE NEAR AKHRI STOP	051-4539242
112	UMER HOSPITAL	B 193 MINAR ROAD LALA RUKH	051-4511596
TAXILA			
113	AL SYED HOSPITAL AHATA	FAROOQIA ROAD	051-4560148
FAISALABAD			
114	FAISAL HOSPITAL	673 A PEOPLES COLONY	041-8719677, 041-8719678
115	HILAL-E-AHMAR HOSPITAL	FAISALABAD	-
116	MIAN MUHAMMAD TRUST HOSPITAL	125 SARGODHA ROAD NEAR GENERAL BUS STAND FAISALABAD,	92-41-2408913
117	REHMAN HOSPITAL	ALAMA IQBAL COLONY ROAD FAISALABAD	-
118	SAAHIL HOSPITAL	1 SHEIKHUPURA ROAD	041-782040-45
119	Rathore Memorial Hospital	Sargodga Road, Lasani Town, Faisalabad.	-

SR.#	HOSPITAL	ADDRESS	CONTACT #
MULTAN			
121	CHENAB GENERAL HOSPITAL	CHUNGI NO. 1, SURAJ MIANI ROAD, MULTAN	061-4518871-74
122	CITY HOSPITAL	PEER KHURSHED COLONY ROAD	061-6510367
SHEIKHUPURA			
123	KHADIJA POLY CLINIC	NEAR GOVT. TARIQ HIGH SCHOOL COLLEGE ROAD,	056-3611911-13
124	SULTAN HOSPITAL	FAISALBAD BYPASS CHOWK, LAHORE ROAD,	-
125	YOUSAF QURESHI HOSPITAL	SARGODHA ROAD	056-3781665, 3782665
PESHAWAR			
126	RMI	5-B/-2, PHASE V HYATABAD	0915825501
ALIABAD			
127	AGA KHAN EXTENDED FAMILY HEALTH CENTER	ALIABAD HUNZA	-
BHOONJI			
128	AGA KHAN MEDICAL CENTER	BHOONJI	-
CHITRAL			
129	AGA KHAN MEDICAL CENTER	CHITRAL	-
GILGIT			
130	AGA KHAN MEDICAL CENTER	GILGIT	05811453060
GUJRANWALA			
131	GONDAL MEDICAL COMPLEX	HOSPITAL ROAD GUJRANWALA	055-3258403, 3251056
132	ISLAM CENTRAL HOSPITAL	2km G.T. Road, Toll Plaza - Deewan Road, Gujranwala	-
133	CHEEMA HEART COMPLEX AND GENERAL HOSPITAL	MIAN ZIA-UL- HAQ ROAD, NEAR LORDS HOTEL, DISTRICT COURTS, GUJRANWALA.	-
GUJRAT			
134	CITY HOSPITAL	JAIL CHOWK	053-3608185
GUPIS			
135	AGA KHAN EXTENDED FAMILY HEALTH CENTER	GUPIS	-
SARGODHA			
136	SADIQ HOSPITAL	24-A SATELLITE TOWN SARGODHA	048-3212168
SHOGORE			
137	AGA KHAN EXTENDED FAMILY HEALTH CENTRE	SHOGORE	-
SHAGRAM			
138	AGA KHAN EXTENDED FAMILY HEALTH CENTER	SHAGRAM	-
SIALKOT			
139	CHEEMA HOSPITAL	NEAR CANAL BRIDGE DASKA	052-6617877, 6618577
140	ISLAM CENTRAL HOSPITAL	COMMISSIONER ROAD	052-4604947 - 49,111-000-076
SINGAL			
141	AGA KHAN MEDICAL CENTER	SINGAL	-