NOW HEALTH INTERNATIONAL | API 亚太财险 Asia-Pacific P&C

全球保理赔申请表 — 医疗直付网络
WorldCare claim form: Medical Providers

医疗直付网络的重要信息：

请使用正楷字体填写本理赔申请表，并于治疗日期后每月月底起30天内提交给保险人，或按合同约定的提交期限。

请将理赔申请表、收据、诊断报告和出院报告扫描及电邮ClaimsService@now-health.com或传真至+(86) 400 077 790

请致电+(86) 400 077 7500 / +(86) 21 6156 0910 或电邮至ClaimsService@now-health.com。

Important information for Medical Providers:

Please complete the claim form in BLOCK CAPITALS and submit it to us within 30 days from the end of the month in which treatment is given, or as per the contractually agreed submission period.

You can scan this claim form, receipts/diagnostic reports/discharge reports and membership card, and email them to ClaimsService@now-health.com or fax them to +(86) 400 077 7900.

If you have any questions about this form, please call us on +(86) 400 077 7500 / +(86) 21 6156 0910 or email us at ClaimsService@now-health.com.

第一部分：被保险人与病人资料（由病人填写）
Section 1: Member and Patient Information (to be completed by the patient):

投保人姓名：Policyholder's name:	
病人姓名：Patient's name:	
会员编号：Membership number:	出生日期（日/月/年）：Date of birth (dd/mm/yyyy): / /
性别：Gender:	电话号码：Telephone number:
医疗记录编号(如有，请提供）：Medical record number (if available):	

第二部分：医疗资料（由负责治疗病人的医生填写）
Section 2: Medical Information (to be completed by the doctor responsible for the patient's treatment):

医疗机构名称：Provider name:				
医疗机构地址：Provider address:				
病症：Medical Condition:				
诊断ICD10代码：Diagnosis ICD 10 code:			治疗日期（日/月/年）：Treatment date (dd/mm/yy): / /	
索赔类型：Type of claim:	病症 Illness ☐	损伤 Injury ☐	事故 Accident ☐	
如果索赔是因事故，且部分费用可由第三方（例如与事故相关的人员或机构）进行赔偿，请提供详情：If the claim is due to an Accident and some of the costs are recoverable from a third party (for example a person or organisation involved in the Accident), please provide details:				
病症类型：Type of condition:	急性 Acute ☐	慢性 Chronic ☐	生育 Maternity ☐	先天性 Congenital ☐
服务类型：Type of service:	门诊 Out-Patient ☐	日间留院 Day-Patient ☐	住院 In-Patient ☐	
住院或日间留院治疗 For In-Patient or Day-Patient Treatment		入院日期（日/月/年）：Admission date (dd/mm/yyyy): / /	出院日期（日/月/年）：Discharge date (dd/mm/yyyy): / /	
治疗/用药的详细信息：Treatment/Medication details:				
病人首次为此病症就诊的日期（日/月/年）：Date on which the patient first consulted you for this **Medical Condition** (dd/mm/yyyy):		/ /		
病人首次出现明显症状的日期（日/月/年）：Date on which the first onset of symptoms have been apparent to the patient (dd/mm/yyyy):		/ /		
病人过去是否就此病症接受任何治疗？如果是，请提供详细信息（包括医疗报告）Did the patient receive any **Treatment** in the past for this **Medical Condition**? If yes, please provide details (include medical reports)				
索赔总额：Total claimed amount:		索赔币种：Currency claim incurred in:		

第二部分：医疗资料（由负责治疗病人的医生填写）
Section 2: Medical Information (to be completed by the doctor responsible for the patient's treatment):

医生声明：
Medical Practitioner Declaration:

谨此声明，本人是病人的医生，
1. 就本人所知及所信，所填数据均正确无误，
2. 本人已在适用的情况应用时康的医疗机构合同和手册中详细说明的条件；以及
3. 有关被保险人的索赔，已于保障范围中阐述及承保，如有任何无效的付款，亚太财产保险有限公司保留追索任何错误付款的权利。

I declare that I am the patient's Medical Practitioner and that:
1. The particulars given herein are, to the best of my knowledge, true and correct
2. I have applied the conditions detailed in the Provider Agreement and Manual held with Now Health, where applicable; and
3. The policy member's claim detailed herein is covered by their policy benefits and that if any payment is invalid Asia-Pacific Property & Casualty Insurance Co., Ltd. shall be entitled to recover the erroneous payment.

姓名（正楷填写）： Print name:	官方印章： Official stamp:
签名： Signature:	
日期（日/月/年）： Date (dd/mm/yyyy): / /	

第三部分：病人声明及授权
Section 3: Patient declaration and Authorisation

资料保障

在审核您的理赔申请的过程中，保险人将收集到部分与被保险人相关的信息。该信息将被用于确认您的保障范围、管理已签发的保险计划以及处理理赔案。被保险人的信息可能因为上述目的而被转交至核保人、医生、医疗援助公司及理赔管理人。任何协助管理您的保险计划的第三方亦需承担相同的保密责任。除上述者外，被保险人的姓名及联系数据将不会向其他组织披露。

如果保险赔偿金为非人民币，本人委托亚太财产保险有限公司办理以所给付的保险金金额为上限的购汇业务。

本人明白时康管理顾问（上海）有限公司为亚太财产保险有限公司委托之保单管理服务商，特在此同意及授权亚太财产保险有限公司将应支付给本人的保险金先支付给时康管理顾问（上海）有限公司，然后由时康管理顾问（上海）有限公司再把保险金支付给本人。

对于发生在事先约定的医疗机构内，针对特定的或本保险人已经事先担保的医疗项目，本人在此授权该医疗机构或预先指定的第三方代表本人向保险人索赔，保险人应该直接支付给该医疗机构或指定的第三方。

Data protection

The insurer will collect certain information about the insured member in the course of considering claims. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured members' information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes.The same duty of confidentiality is required of any third parties to whom the administration of the insured member's policy may be subcontracted. The insured members' name and contact details will not be disclosed to other organisations (except as stated above).

If the chosen claim settlement currency is not RMB, I authorise Asia-Pacific Property & Casualty Insurance Co., Ltd. to purchase foreign exchange for claim reimbursement up to the policy benefit maximum.

I understand that Now Health International (Shanghai) Limited has been appointed by Asia-Pacific Property & Casualty Insurance Co., Ltd. to be the policy administrator for this policy. I hereby agree and authorise Asia-Pacific Property & Casualty Insurance Co., Ltd. to settle my claim payment to Now Health International (Shanghai) Limited first and then remit the claim payment to me accordingly.

For Direct Billing cases or where a guarantee of payment has been put in place, when medical treatment has been received by a pre-appointed provider, I hereby authorise the provider or pre-appointed third party to bill my insurance company, who will make payment of any benefit directly to the provider or pre-appointed third party.

第三部分：病人声明及授权
Section 3: Patient declaration and Authorisation

声明

特此声明，本人是病人/病人的监护人*（如果病人小于16岁）(*请删去不适用者），本人希望获取赔偿，并声明就本人所知及所信，所提供数据均真实、正确及完整，即便并非本人亲笔书写。

本人明白，本人为欺诈或企图欺诈亚太财产保险有限公司或其代理人而提供错误、不完整或有误导性的事实或数据属违法。惩罚包括监禁、罚款、拒绝赔偿、取消保单及法定损害赔偿。

本人同意上述数据保护声明，并明白该理赔申请应符合保险人保险计划的条款及条件。

本人同意亚太财产保险有限公司或其代理人必要时可从医生处查阅医疗报告，以便保险人或其代理人可以处理本人的理赔要求。

本人（不）*希望在医疗报告送达至亚太财产保险有限公司或其代理人之前查看医疗报告。*如果被保险人希望查看报告，请删除“不”字。

本人谨同意授权治疗过本人或向本人提供过建议的任何医生和/或医院向亚太财产保险有限公司或其代理人提供其可能要求的与该理赔相关的任何数据。填妥并由病人与医生签名后（当需要时），请将该表及随附的发票和付款收据寄回至时康管理顾问（上海）有限公司，转交：亚太财产保险有限公司，中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编：200080。

Declaration

I hereby declare that I am the patient/patient's guardian*(if the patient is under 16 years of age) (*please cross out if not applicable).
I wish to claim benefit and declare the information I have given is, to the best of my knowledge, true, correct and complete even if it is not in my own handwriting.

I understand it is unlawful for me to knowingly provide false, incomplete or misleading facts or information to Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representative for the purpose of defrauding or attempting to defraud Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representative. Penalties may include imprisonment, fines, denial of coverage, rescission of benefits and legal damages.

I agree to the data protection declaration above and understand that cover is provided in accordance with the terms and conditions of the Asia-Pacific Property & Casualty Insurance Co., Ltd. policy.

I consent to Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representatives to seek medical reports if needed from my medical practitioner, so that Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representative can deal with my claim.

I do (NOT)* wish to see the medical report before it is sent to Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representative. *Delete the word NOT if you wish to see the report.

I hereby consent to authorise any doctor and/or hospital who has treated or advised me to provide Asia-Pacific Property & Casualty Insurance Co., Ltd. or its appointed representative with any information they may require in connection with this claim.When completed and signed by the patient and medical practitioner (when appropriate), please return this form and the accompanying invoices and payment receipts to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

病人签名： Patient's signature:	日期（日/月/年）： Date (dd/mm/yyyy): / /

保险合同由亚太财产保险有限公司签发，并委托时康管理顾问(上海)有限公司进行保单管理。
亚太财产保险有限公司地址：中国深圳市福田区中心区福华一路免税商务大厦29–30楼，邮编：518048
时康管理顾问(上海)有限公司地址：中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室–1105室，邮编：200080

Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd. Registered Office: 29–30F., Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited. Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.