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

全球保理赔申请表
WorldCare claim form

第一部分：被保险人与病人资料
Section 1: Member and Patient Information

投保人姓名：Policyholder's name:	保险计划编号 : Policy number:
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): / /	
身份证/护照号码：ID/Passport number:	
理赔通知地址：Claim settlement address:	
电邮地址：Email address:	电话号码：Telephone number:
医生就诊/诊断原因：Reason for doctor visit/diagnosis:	
治疗所在国家： Country where Treatment took place:	治疗日期(日/月/年)： Treatment date (dd/mm/yyyy): / /
发生索赔时的币种： Currency claim incurred in: 索赔总金额： Total claimed amount:	被保险人希望在赔偿中使用的货币： **(仅适用于发生在中国境外的医疗费用理赔申请，中国境内发生的医疗费用理赔申请只能使用人民币理赔)** Currency you would like your claim reimbursed in: **(Only applicable to medical treatment expenses incurred outside China. Medical treatment expenses incurred inside China will only be settled in RMB)**
服务类型： Type of service: 门诊 Out-Patient ☐ 日间留院 Day-Patient ☐ 住院 In-Patient ☐	服务类型： Type of service: 牙科 Dental ☐ 生育 Maternity ☐ 眼科 Optical ☐ 例行体检 Routine check up ☐
主治医生： Attending physician: 牙医 Dentist ☐ 医生 Medical Practitioner ☐ 专科医生 Specialist ☐ 其他 Other ☐	请说明： Please specify:
是否因事故/损伤而索赔？ Is this claim due to accident/injury? 是 Yes ☐ 否 No ☐	如果是，请附上完整医疗资料。事故/损伤日期(日/月/年)： If yes, include complete medical information. Date of accident/injury (dd/mm/yyyy): / /

第三方保险人 Third party insurers

如果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 some of the costs are recoverable from a third party (for example, a person or organisation involved in an accident), please provide details:

第二部分：支付详情 — 请确保已填写所有部分
Section 2: Payment details - please ensure all sections are completed

请支付： Please pay: 被保险人 Insured person ☐ 医疗机构 Provider ☐	请选择支付类型： Please choose payment type: 银行转账 Bank transfer ☐
银行转账 — 请填写所有详情以进行银行转账支付。** Bank transfer – please complete all details to enable bank transfer payments.**	
账户/收款人姓名： Account/payee name:	支付货币： Payment currency: (中国境内的理赔费用申请只能使用人民币理赔) (Claims payment inside China must be in RMB)
银行名称(含支行)： Bank name (and branch name): * 若是人民币理赔，请提供国内银行帐号。 * For RMB claim payment, please provide your bank account details inside China.	银行地址： Bank address:
国际银行账号或账户号码： IBAN or account no.:	汇款路由代码(如Swift或sort代码)： Routing code(e.g. Swift or sort code):

** 请与您的当地银行核实服务费收取情况。 ** Please check with your local bank as there may be a charge for this service.

本人已经阅读下一页第四部分中的声明及授权。本人同意并明白该声明及授权，任何索赔都应符合本人的保险计划的条款及条件。

I have read the declaration and authorisation in Section 4.

I agree to the declaration and authorisation and understand that any claim for benefit is in accordance with the terms and conditions of the policy.

病人签名(被保险人)： Patient's signature (Insured person):	日期(日/月/年)： Date (dd/mm/yyyy): / /

第三部分：医疗资料，日间留院或住院治疗金额高于人民币3,000的索赔 （由负责治疗病人的医生填写）
Section 3: Medical information, day-patient and in-patient claims over RMB 3,000
(to be completed by the doctor responsible for the patient's treatment)

病症： Medical Condition:	诊断ICD10代码： Diagnosis ICD10 code:
基本病因详情： Details of any underlying cause:	
病人首次就医的具体时间？（日/月/年） When did the patient first see a doctor? (dd/mm/yyyy) / /	
治疗/药物详情： Details of Treatment/medication:	
手术详情（如有）： Details of operation (if any):	
	诊疗程序代码： Procedure code:
医院详情（如适用）： Hospital details (if applicable):	治疗日期（日/月/年）： Treatment date (dd/mm/yyyy): / /
姓名： Name:	
地址： Address:	
入院日期（日/月/年）： Admission date (dd/mm/yyyy): / /	出院日期（日/月/年）： Discharge date (dd/mm/yyyy): / /

医生声明：
Medical Practitioner Declaration:

谨此声明，本人是病人的医生，就本人所知及所信，所填资料均正确无误。
I declare that I am the patient's Medical Practitioner, and that the particulars given are, to the best of my knowledge, true and correct.

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): / /	

若被保险人的保险计划包含住院现金津贴：如果病人在医院渡过了一整夜而无需付费，请附上医院提供的确认函，并加盖医院印章。门诊直付网络：保险人有可能会与相关医院商议直接付款。请在治疗前致电保险人的客户服务团队予以安排，号码为 +(86) 400 077 7500 / +(86) 21 6156 0910。

If your policy includes a hospital cash benefit: If the patient stayed in hospital overnight without charge please include confirmation from the hospital including the hospital stamp.
Direct Billing: It may be possible for the insurer to arrange direct settlement with the hospital involved. Please call our Customer Service team before treatment to arrange this on +(86) 400 077 7500 / +(86) 21 6156 0910.

第四部分：声明及授权
Section 4: Declaration and authorisation

信息保护

保险人会在考虑投保人的保单申请过程中和向被保险人签发保单以及处理保险人与会员的关系时，收集有关投保人或投保人的员工(即被保险人包括保单持有人和家属，如适用)的某些个人和敏感信息。处理这些信息的目的是核保被保险人的保险保障范围、管理签发的任何保单以及管理理赔。被保险人的信息可能被转交至其他时康国际集团公司办事处、保险人、再保险公司、核保人、医疗服务和医疗网络提供者、医疗援助公司、第三方管理人员、理赔管理人员、相关人员以履行职责所需的保单各方面的义务。

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。

被保险人的姓名及联络资料将不会向其他机构揭露(上述情况除外)。

请参阅我们的隐私政策，以充分了解我们如何管理您的信息 http://www.now-health.cn/en/privacy-policy/。

如果保险赔偿金为非人民币，本人委托保险人办理以所给付的保险金金额为限的购汇业务。

本人明白时康管理顾问(上海)有限公司为保险人委托之保单管理服务商，特在此同意及授权保险人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。

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，所提供资料均真实、正确及完整，即使并非本人亲笔书写。

本人明白，本人为欺诈或企图欺诈保险人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。

本人同意上述资料保障声明，并明白该理赔申请应符合保险人保险计划的条款及条件。

本人同意保险人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保险人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/或医院向保险人或其代理人提供其可能要求的与该理赔相关的任何资料。

本人和本保险计划涵盖的人员或我所代表的机构了解时康国际集团公司提供的服务的其中一部分包括敏感信息的处理。因此，当我们申请保险单时，即表示同意时康国际集团公司出于保险单的目的处理我们和我们的家属或我们的员工和家属的敏感信息。如果没有所需的敏感信息，则无法根据保单协议提供服务。敏感信息包括但不限于健康和医疗相关信息、医疗报告、遗传数据等。

本人同意在管理我们保单时，收集和使用本人和我们的家属或我们的员工和家属的个人信息和敏感信息。本人同意(如需要)包括分享我们和我们的家属或我们的员工和家属的个人信息和敏感信息与其他时康国际集团公司办事处、保险人、再保险公司、核保人、医疗服务和医疗网络提供者、医疗援助公司、第三方保单管理人、理赔管理人、相关人员以履行职责所需的保单各方面的义务。

本人明白信息将得到安全保存并严格保密。

在保单申请和保单有效期内的任何时间，如出于保单的目的需要提供未成年人(18岁以下)的个人和敏感信息，本人确认我是未成年人的家长或法定监护人，如果我不是未成年人的家长或法定监护人，我确认我已获得其父母/法定监护人的同意，向时康国际集团公司提供其履行职责所需的保单各方面的义务的信息。

本人确认已阅读并理解时康国际集团公司的隐私政策和本人的利：http://www.now-health.cn/en/privacy-policy/。

Data Protection

The insurer will collect certain personal and sensitive information about the applicant or applicant's employees (i.e. insured members include policy holder and dependents, if applicable), in the course of considering the applicant's application and if a policy is issued to the insured member, conducting the insurer's relationship with the members. 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 other Now Health offices, the insurer of your policy, reinsurer, underwriters, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfill the obligations of the policy.

The same duty of confidentiality is required of any third parties to whom the administration of your policy may be subcontracted.

The insured members' name and contact details will not be disclosed to other organisations (except as stated above).

To fully understand how we manage your information, please refer to our Privacy Policy at http://www.now-health.cn/en/privacy-policy/

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.

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.

I and those covered under this policy, or the organisation I am representing, understand that as part of the services that Now Health provides, this will include the handling of sensitive information. As such, with our application for an insurance policy, consent is given for Now Health to process our and our dependents' or our employees and dependents' sensitive information for the purposes of the insurance policy. Without the required sensitive information, the services cannot be rendered under the policy agreement. Sensitive information includes, but not limited to, health and medical related information, medical reports, genetic data, etc.

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1103B室－1105室，邮编：200080 。

I consent to the collection and use of our and our dependents' or our employees and dependents' personal information and sensitive information in the administration of the policy. Consent includes, if required, sharing our and our dependents' or our employees and dependents' personal information and sensitive information with other Now Health offices, the insurer of your policy, reinsurer, underwriters, medical providers and network providers, medical assistance companies, third-party administrators, claims administrators and parties required to the extent needed to fulfil the obligations of the policy.

I understand that the data will be kept securely and handled in strict confidence.

If at any point in time from policy application and during the policy duration there is the requirement to provide personal and sensitive information of Minors (under the age of 18) for the purpose of the policy, I confirm that I am the Parent or Legal Guardian of the Minor, or if I am not, I have obtained consent from their parents / legal guardians and consent is obtained and given to Now Health for extent needed to fulfill our policy.

I confirm I have read and understood Now Health's Privacy Policy and my rights at http://www.now-health.cn/en/privacy-policy/.

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 1103B–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

重要信息：

请使用正楷字体填写本理赔申请表，并于首次治疗日期后六个月内提交给保险人(除非条件不允许)。

如果被保险人的门诊医生费用或日间留院和住院治疗索赔总金额(每名被保险人于每个保险期间的每个医疗状况)少于人民币3,000，被保险人需填写第一部分和第二部分，并在向保险人提交理赔申请表时附上被保险人的医药费发票。被保险人可以将理赔申请表和收据扫描及电邮至ClaimsService@now-health.com或传真至 +(86) 400 077 7900 。但被保险人须在每一张医药费收据上(或其复印件上)签名，等同承诺这些包含签名的电子版医药费收据与原件一致。请保留原有文件的副本，保险人可能会要求被保险人提供该类正/副本。保险人保留根据个案的具体情况而取消接收其电子版理赔资料的权利。

以下情况，需同时提供被保险人的身份证/护照复印件：

1. **给付货币为人民币，索赔金额人民币10,000或以上；**
   或
2. **给付货币为非人民币。**

被保险人的医生有权就提供报告副本向被保险人收费(以支付成本)。这笔费用未包括在被保险人的保险计划中。

如果被保险人的日间留院或住院治疗索赔总金额(每名被保险人于每个保险期间的每个医疗状况)超过人民币3,000，请确认第三部分由医生填写。保险人还必须查看收据正本、诊断报告和出院报告(如果被保险人曾经是日间留院或住院病人)。

被保险人填妥的理赔申请表和收据正本请寄回时康管理顾问(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1103B室-1105室，邮编：200080 。

被保险人可以在被保险人的网上安全组合区随时在线跟踪理赔的进度。使用被保险人的用户名和密码登入www.now-health.cn 。

如果被保险人对该表格或保险的其它方面有任何疑问，请致电+(86) 400 077 7500 / +(86) 21 6156 0910 或电邮至ClaimsService@now-health.com 。

Important information:

Please complete the claim form in BLOCK CAPITALS and submit it to the insurer within six months of the initial treatment date (unless this is not reasonably possible).

If the total amount you are claiming (per insured person, per medical condition, per period of cover) for out-patient and in-patient or day-patient treatment is less than RMB 3,000 you only need to complete Sections 1 and 2 and include a copy of your receipt when you send us your claim form. You can scan your claim form and fapiao and email it to ClaimsService@now-health.com or fax it to +(86) 400 077 7900 . Please sign your name on each official medical expense receipt (or its photocopy) to confirm that the copies are the same as the original ones. Please keep a copy of the original documents in case they should be required by the insurer. The insurer reserves the right not to accept electronic claim submission on a case-specific basis.

Please supply a copy of your passport/ID card:

1. **For RMB payment RMB 10,000 and above;**
   or
2. **for all Non-RMB payment.**

Your doctor is entitled to charge you for supplying you with a copy of a medical report (to cover their costs). This is not covered by your policy.

If the total amount you are claiming now or have claimed for day-patient and in-patient (per insured person, per medical condition, per period of cover) is over RMB 3,000, please ensure Section 3 is completed by the treating medical practitioner. The insurer must also see original receipts, diagnostic reports and discharge reports (if you have been a day-patient or in-patient) for claims over this amount.

If you are sending your claim by post, return your completed claim form and original receipts to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited , Room 1103B–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

You can track the progress of your claim online at any time in your online secure portfolio area. Log in at www.now-health.cn using your username and password.

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

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1103B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 1103B–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.