

# TREATMENT GUARANTEE FORM

For your convenience, this form in editable PDF version is available on our website:  
[https://www.jdallianz.com/en/products/individual\\_family/healthcare/](https://www.jdallianz.com/en/products/individual_family/healthcare/) (for group policies) or on  
<https://www.allianz360.com/allianzworldwidecare/index.htm> (for individual policies)

If you choose to complete this form in handwriting please use **BLOCK CAPITALS**.

Treatment Guarantee is not required in advance of **emergency treatment**. However either you, your physician, one of your dependants, or a colleague must inform us about your admission to hospital **within 48 hours of the event**.

Our Helpline (4008866014 if you call from China, + 86 10 85355624 if you call from outside China) can take Treatment Guarantee details over the telephone if **treatment is due to take place within 72 hours**. Please have as much information as possible to hand when calling, including the contact details of your doctor.

- Section 1** must be fully completed by (or on behalf of) the patient
- Section 2** must be fully completed by the doctor

Failure to complete this form in full will delay us in guaranteeing your treatment because we may have to contact you or the medical provider for further information. The patient's policy must be in force at the time of treatment. Please note that guarantee of payment is subject to the terms and conditions of the insurance policy. It is also subject to our assessment of all the relevant documentation we need, in respect of this medical condition.



Follow us on WeChat for lots of great health and wellness articles for you and your family. Via our WeChat profile you can also find information on our International Health solutions, and you can access our medical provider finder.

## 1 PATIENT DETAILS to be fully completed by (or on behalf of) the patient

Policy number

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Date of birth  /  /

### Contact person: please specify who we should contact regarding the progress of this Treatment Guarantee request

Name

Relationship to patient (e.g. self, spouse/partner, parent)

Telephone  COUNTRY CODE  AREA CODE

Mobile telephone  COUNTRY CODE  AREA CODE

Email

## WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: [www.allianz.cn/en/legal\\_notes/Private\\_Policy.jsp](http://www.allianz.cn/en/legal_notes/Private_Policy.jsp)  
Alternatively, you can contact us on 400-800-2020 (inside China) or +86-20-8513-2999 (outside China) to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail at: [Health.ClientServices@allianz.cn](mailto:Health.ClientServices@allianz.cn)

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorize my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information about me such as, but not limited to: the details of the treatment, health status, past diseases, and any other treatment, illness and discomfort, and medical history, if requested by Allianz Jingdong General Insurance Company and its medical advisers or its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

I declare that all information supplied is true and complete, including those answers that are not in my own handwriting, and the medical record provided by my doctor relating to this treatment is true and valid.

If a minor was treated, a parent or guardian should sign and date this section.

Patient's signature  Date  /  /

## WE NEED YOUR CONSENT

In line with the General Data Protection Regulation (GDPR), we need your consent to process your medical information and pay your medical expenses. If you haven't provided us with your consent, please access our Online Services via [eservice.allianz.cn/sol/login.do](http://eservice.allianz.cn/sol/login.do) and tick the required fields. Alternatively, you can download the Consent Form from <https://www.allianz360.com/allianzworldwidecare/index.htm> or [https://www.jdallianz.com/en/products/individual\\_family/healthcare/](https://www.jdallianz.com/en/products/individual_family/healthcare/). A paper copy is available on request. Please note that every member on the policy over 18 must provide their own consent.



## 2 TREATMENT DETAILS to be fully completed by the Medical Provider

- If additional treatment is required, Allianz Jingdong General Insurance Company Ltd. must be notified.
- Please note that all invoices should be submitted within 60 days of patient discharge. However, where we have agreed special arrangements with the medical provider, these arrangements will apply.

### Condition

Description of the condition, signs and symptoms

Underlying cause (if known)

Date this condition was first diagnosed  D D / M M / Y Y Y Y

Date of first attendance for this condition  D D / M M / Y Y Y Y

On what date would the first onset of symptoms have been apparent to the patient?  D D / M M / Y Y Y Y

Diagnosis (if unknown, please state provisional diagnosis)

ICD9/10  DSM-IV  DRG

### Please also provide the following details for maternity cases

Date pregnancy confirmed by doctor  D D / M M / Y Y Y Y

Expected or actual date of delivery  D D / M M / Y Y Y Y

Is birth of a single baby expected? Yes  No

If No, is the pregnancy a result of medically assisted reproduction? Yes  No

Delivery method

### Treatment

Planned procedure/treatment

Planned admission date  D D / M M / Y Y Y Y

### For treatment in the USA/UK

CPT code(s)  CCSD code(s)

Description

### Costs

For treatment in Germany (DRG) please confirm Base Price (Basisfallpreis)

Estimated length of stay  night(s)  / day(s)  (tick as appropriate)

Is a package price being offered? Yes  No  If Yes, please state the price offered incl. currency:

If No, please provide a breakdown of estimated costs:

Hospital charges	Doctor/anaesthetist fees	Total estimated costs incl. currency
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Medical provider details

Hospital/facility name

Address (including country)

Email (mandatory)

Telephone (incl. country and area codes)

Fax (mandatory) (incl. country and area codes)

Referring doctor	Attending/admitting doctor
Name <input type="text"/>	<input type="text"/>
Email (mandatory) <input type="text"/>	<input type="text"/>
Telephone (incl. country and area codes) <input type="text"/>	<input type="text"/>
Fax (mandatory) (incl. country and area codes) <input type="text"/>	<input type="text"/>

### Please sign, date and authenticate with an official stamp.

I confirm that all the details given in this form are, to the best of my knowledge, true, accurate and complete.

 Doctor's signature

Date  D D / M M / Y Y Y Y

Official stamp of medical provider

### Please send this fully completed Treatment Guarantee Form at least five working days before treatment by one of the following:

Email to: [Health.MedicalServices@allianz.cn](mailto:Health.MedicalServices@allianz.cn)  
 Post to: Healthcare Team, Allianz Jingdong General Insurance Company Ltd., Shanghai Branch, Unit 1408, 14F Shanghai Tower, No. 501 Middle Yincheng Road, Pudong New Area, Shanghai 200120, People's Republic of China

We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.

Please contact our Helpline if you have any queries: 4008866014 (if you call from China), (+ 86) 10 85355624 (if you call from outside China) or [Health.ClientServices@allianz.cn](mailto:Health.ClientServices@allianz.cn)