



您向我们提交预先授权理赔时，请将此申请表连同填妥的理赔申请表及任何支持文档一同送回。

本表格应由您的主治医生填写。

请通过您的保险中介或直接向时康管理顾问（上海）有限公司寄送您填妥的表格，转交：民安财产保险有限公司，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。您亦可将其扫描及电邮至ChinaService@now-health.com或传真至+(86) 400 077 7900。

When submitting a pre-authorised claim to the insurer, please return this form with a completed claim form and any supporting documents.

This form should be completed by the insured member's treating medical practitioner.

Please send the completed form to the insurer via the insured member's intermediary or direct to Minan Property and Casualty Insurance Company Limited, c/o: Now Health International (Shanghai) Limited, Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The insured member can also scan and email it to ChinaService@now-health.com or fax it to +(86) 400 077 7900.

第一部分：医疗机构详情

Section 1: Medical facility details

| | | |
|---|---|----------------------------|
| 医疗机构： Medical facility: | | |
| 电子邮件： Email: | 传真： Fax: | 电话号码： Telephone number: |
| 主治医生： Treating medical practitioner: | | |
| 电子邮件： Email: | 传真： Fax: | 电话号码： Telephone number: |
| 患者姓名： Patient name: | | |
| 会员编号： Membership number: | 出生日期(日/月/年)： Date of birth (dd/mm/yyyy): / / | |

第二部分：审批请求（请勾选适当方框）

Section 2: Approval request (please tick appropriate box)

| | | |
|---|--|---|
| 选择性治疗 Elective Treatment | | |
| 住院 In-Patient <input type="checkbox"/> | 日间留院 Day-Patient <input type="checkbox"/> | 门诊手术 Out-Patient surgery <input type="checkbox"/> |
| 物理治疗 Physiotherapy <input type="checkbox"/> | 正电子放射断层扫描 PET <input type="checkbox"/> | 生育 Maternity <input type="checkbox"/> |
| 美国境内的治疗 USA Treatment <input type="checkbox"/> | | |
| 其他治疗 Other Treatment | | |
| 紧急入院 <input type="checkbox"/> 请提供病情和治疗方面的完整细节： Emergency admission Please provide full details of nature of illness and treatment: | | |
| | | |
| | | |
| 事故 <input type="checkbox"/> 请提供事故的起因、日期和地点详情： Accident Please provide details of cause, date and place of accident: | | |
| | | |
| | | |
| 是否会涉及第三方？如果是，请提供详情： Was a third party involved? If yes, please give details: | | |
| | | |
| | | |
| 遗体运送 Mortal remains <input type="checkbox"/> | 精神病治疗 Psychiatric treatment <input type="checkbox"/> | 艾滋病 AIDS <input type="checkbox"/> |
| 其他 Other <input type="checkbox"/> 请说明：Please specify: | | |

第三部分：治疗详情

Section 3: Treatment details

需治疗疾病的完整细节：

Full details of condition requiring treatment:

患者首次发觉此疾病的任何体征或症状（日/月/年）：

Date the patient first became aware of any signs or symptoms of this condition (dd/mm/yyyy): / /

患者首次针对此疾病向医生说明的日期（日/月/年）：

Date on which the patient first presented to any doctor for this condition (dd/mm/yyyy): / /

基本病因（若知道的话）：

Underlying cause (if known):

临时诊断：

Provisional diagnosis:

ICD 10 代码：

ICD 10 code:

治疗日期：

Date of treatment (dd/mm/yyyy): / /

预计住院时间：

Estimated length of stay:

建议入院日期（日/月/年）：

Proposed admission date (dd/mm/yyyy): / /

建议出院日期（日/月/年）：

Proposed discharge date (dd/mm/yyyy): / /

建议治疗/手术的完整细节：

Full details of proposed treatment/surgery:

请提供包括币种在内的总预估费用，并根据以下列出的内容提供计划服务的细目：

Please provide total estimated costs including currency with breakdown of planned services as detailed below:

服务套餐费率：

Package rate:

标准病房费率 × 日数 =

Standard room rate x no. of days =

外科医生费用：

Surgeon's fee:

ICU 费率 × 日数 =

ICU rate x no. of days =

麻醉师费用：

Anaesthetist's fee:

预估医疗费用细目：

Estimated medical charges as per breakdown:

手术室费用：

Theatre costs:

其他费用：

Additional charge(s):

总预估费用：

Total estimated costs:

第四部分：声明

Section 4: Declaration

医生声明：

Medical Practitioner declaration:

谨此声明，本人是患者的医生，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.

官方印章：

Official stamp:

正楷签名：

Print name:

签名：

Signature:

日期（日/月/年）：

Date (dd/mm/yyyy): / /

如果需要其他治疗，或治疗费用和/或预计住院时间超出了许可范围，请通过电子邮件或致电 +(86) 400 077 7500 通知我们。

Please notify the insurer by email or phone on +(86) 400 077 7500 if additional treatment is required, if the cost of treatment and/or if the estimated length of stay is extended beyond the approved limit.

保险合同由民安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。

民安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 Minan Property and Casualty Insurance Company Limited. 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.