

医疗理赔申请书

Claim Application Form for Medical Expenses

单证代码 Document code: 000000NK1302  
小条码 Bar code:

该理赔申请书适用于住院/门诊医疗费用、住院津贴、重疾理赔申请。

This document is an application form for claim settlement of all inpatient and outpatient medical expenses, inpatient allowance and claims for Critical Illness policies.

您需要做的:

步骤一: 请您用正楷填写此表格

步骤二: 请附加如下理赔申请材料:

1. 被保险人的身份证明复印件 (与投保时一致) ▲
2. 医疗费用收据 (发票) 原件\*
3. 费用明细清单复印件\*\*
4. 医疗资料复印件, 包括但不限于:
  - 出院小结 (住院理赔)
  - 门诊病历资料
  - 与之相关的检查结果, 如 X 线检查、病理检查等。
5. 如账户信息第一次使用, 需提供账户信息复印件

步骤三: 您可以使用以下任意一种方式提交表格

- 如果您是团体客户, 请将理赔材料提交至您的人事部联系人
- 向您认识的平安健康险业务员提交理赔材料
- 将所有理赔材料邮寄至保单承保所在地的平安机构 (机构地址详见 [www.health.pingan.com](http://www.health.pingan.com))

注意:

- \*申请住院津贴需提供复印件
- \*\*申请住院津贴无需提供费用清单
- \*\*重疾申请无需提供费用收据及清单
- ▲中国大陆二代身份证需提供正反面复印件

What you should do:

Step 1: Fill in this Claim Application Form using block letters.

Step 2: Attach the following materials to this Claim Application Form:

1. A copy of the **identity certificate** the insured used for enrolment
2. The original **official receipts** ("fapiao") received from your doctor or hospital\*
3. A copy of the **itemized medical bills** received from your doctor or hospital\*\*
4. Copies of all **medical documentation** given to you by your doctor or hospital. These include, but are not limited to:
  - A discharge summary when you have inpatient treatment
  - Pages in your Medical Record Booklet relevant to this treatment
  - Any examination results related to your treatment e.g. x-rays or pathology results etc
5. A copy of official proof of **bank details** for claims reimbursement if we are using these bank details for the first time

Step 3: Submit this Claim Application Form and documents in one of the following ways:

- For group policies, submit to your HR contact person if your HR department helps collect claims
- Submit to your Ping An Health sales agent
- Post to a Ping An Health branch. The postal addresses can be found at [www.health.pingan.com](http://www.health.pingan.com)

Note:

- \*For inpatient allowance claims, copies of invoices are sufficient.
- \*\*For inpatient allowance claims, invoice breakdowns are not required.
- \*\*Claims for Critical Illness policies do not require invoices and invoice breakdowns to be submitted.

如有疑问, 请与我们联系 If you have any queries, contact us

服务热线: 95511-7 (中文) / 400 8833 663-2 (英文); 网站: [www.health.pingan.com](http://www.health.pingan.com)  
Tel: 95511 Option 7 (Chinese) or 400 8833 663 Option 2 (English); Website: [www.health.pingan.com](http://www.health.pingan.com)

1、出险者信息 Details of the insured	
出险者姓名 Full Name	分单号 Sub-Policy Number
证件类型 ID Type	<input type="checkbox"/> 身份证 ID card <input type="checkbox"/> 护照 Passport <input type="checkbox"/> 其他 Other (与投保时一致 the same used for enrollment)
证件号码 ID Number	证件有效期至 ID Expiry Date YYYY / MM / DD
联系电话 Telephone Number	(区号 Area Code ) 手机号码 Mobile Number
电子邮件 Email Address	

2、申请人信息 Details of the Applicant	
如申请人非出险者本人请填写如下信息 Only to be completed if the person filling in this form is NOT the insured	
申请人姓名 Applicant's Name	
证件类型 ID Type	<input type="checkbox"/> 身份证 ID card <input type="checkbox"/> 护照 Passport <input type="checkbox"/> 其他 Other
证件号码 ID Number	证件有效期至 ID Expiry Date YYYY / MM / DD
申请人与出险者关系 Relationship of the applicant to the insured	<input type="checkbox"/> 父母 Parent <input type="checkbox"/> 配偶* Spouse* <input type="checkbox"/> 子女* Child* <input type="checkbox"/> 其他* Other* *如勾选此项, 请一并提交《理赔授权委托书》(可从我公司网站下载打印 <a href="http://www.health.pingan.com">www.health.pingan.com</a> ) If selected, please submit the "Authorization Letter for Claim Application Form" found on <a href="http://www.health.pingan.com">www.health.pingan.com</a> together with this "Claim Application Form"

3、事故信息 Details of the Event					
事故类型 Type of Claim	<input type="checkbox"/> 门诊/住院费用 Inpatient/Outpatient expenses <input type="checkbox"/> 住院津贴 Inpatient allowance <input type="checkbox"/> 重大疾病 Critical Illness Policy claim				
事故日期 Date of Event	YYYY / MM / DD				
事故发生国家 Country of Event	首诊医院 Hospital of First Treatment				
就诊日期 Date of Treatment	费用类别 Expense Type	费用金额 Amount	货币单位 Currency	发票张数 Number of Invoices	主要病情及诊断 Key Symptoms and Diagnoses
	门诊 Outpatient				
YYYY / MM / DD	<input type="checkbox"/>	<input type="checkbox"/>			
YYYY / MM / DD	<input type="checkbox"/>	<input type="checkbox"/>			
YYYY / MM / DD	<input type="checkbox"/>	<input type="checkbox"/>			

(如行数不够可用该格式添加副页填写 If this space is not sufficient, you may add more pages to this form using the same format)

#### 4、保险金给付信息

##### Details for Benefit Payment

理赔金仅能给付被保险人、被保险人的法定监护人及授权第三方。理赔金仅通过转账给付，请提供有效的人民币账户信息，如为境外案件，理赔金将按首诊日汇率转换为人民币予以给付

Claims will only be reimbursed into the bank account of the insured, the legal guardian of the insured or an authorized third party. Claim reimbursements will only be made by bank transfer in Renminbi into a valid bank account. If the claim is in a foreign currency, payment will be made at the exchange rate at the earliest date on the invoice.

保险金领取 Payment Options	<input type="checkbox"/> 使用已留存保险公司的账户信息（勾选此项，以下账号信息可不填写）Use the bank details already recorded by Ping An Health for this claims reimbursement (if this option is selected you do not need to complete the bank details below or submit proof of bank details)		
	<input type="checkbox"/> 以下账户信息，仅限本次理赔给付使用 Use the bank details provided below for this claims reimbursement		
账户信息 Bank Details	户名 Account Name	账号 Account Number	
	银行名称 Bank Name	开户分行 Branch	
授权保险公司留存，供后续理赔给付使用 May Ping An Health record these bank details for future claim reimbursements?			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

#### 5、健康投资账户使用信息

##### Medical Savings Account Information

仅适用于新尊享客户 Only to be completed by clients with a Comprehensive Health Protector individual policy

是否同意使用本人健康投资账户余额支付本次理赔申请中非保险责任部分的费用支出? Do you agree to use available funds in your Medical Saving Account to pay the portion of expenses not covered by your insurance policy in this claim settlement?  是 Yes  
 否 No

#### 声明 Declaration

- 本人保证理赔申请书上所填写的内容真实详尽。I hereby declare that all information provided on this form and the documents submitted herewith are true and correct to the best of my knowledge.
- 本人同意平安健康保险股份有限公司向医疗机构及其他单位和个人调阅、摘抄、复印与理赔申请相关的资料，本人愿承担由此产生的一切法律责任。I authorize Ping An Health to retrieve, extract and photocopy all claim-related materials from medical institutions and individuals and am willing to bear all legal liabilities resulting from this authorization.
- 本人同意将理赔款转入本次申请确认的银行账户，因本人或申请人过错导致转账不成功、未及时或未全额收取理赔款项的，贵公司不承担责任。I agree that the reimbursement for this claim will be transferred into the bank account confirmed by this application. Ping An Health shall undertake no responsibilities for failed, delayed or incomplete payments made due to mistakes made by myself or the applicant on my behalf.
- 本人同意：从本次理赔的合理保险赔付金中，扣除尚未偿还的不属于保险责任范围但保险公司已为本人向医院垫付的医疗费用。I agree that the medical expenses that have already been paid to the hospital by Ping An Health which are not covered by my insurance policy will be deducted from the benefit payments for this claim.

出险人/申请人签名 Signature of the Insured/Applicant \_\_\_\_\_ 日期 Date: YYYY / MM / DD

#### 仅供公司填写 For office use only

保险公司签收人签名  
Signature of recipient at Ping An Health \_\_\_\_\_ 日期 Date: YYYY / MM / DD

#### 提示 Notice

诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任 This insurance agreement is formed on the basis of integrity. Any suspects of insurance fraud will bear the following liabilities:

**【刑事责任 Criminal liabilities】** 进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。In the case of any criminal activities involving insurance fraud, the criminal in question will be punished in the following ways: detention, imprisonment along with other penalties such as a fining or confiscation of personal property. Appraisers or witnesses of an insurance accident who intentionally provide false documents or false conditions allowing others to defraud will be punished as accomplices in insurance fraud.

**【行政责任 Administrative liabilities】** 进行保险诈骗活动，尚不构成犯罪的，可能会受到 15 日以下拘留、5000 元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。Those who conduct insurance fraud that does not constitute as a crime will be subject to administrative punishment such as under-15-day detention and/or an under-RMB5000 fine. Appraisers and witnesses of an insurance accident who intentionally provide false documents or conditions for others to defraud will be subject to corresponding administrative penalties.

**【民事责任 Civil liabilities】** 故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。If an applicant fails to fulfill the liability of providing true statements intentionally or due to gross negligence, the insurer will not bear the liability of reimbursement or payment of insurance benefits.