Treatment Guarantee Form

For your convenience, this form (PDF and editable Word version) is available on our website: www.allianzworldwidecare.com

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

Our Helpline (**+ 353 1 630 1301**) can accept Treatment Guarantee requests over the telephone **if treatment is due to take place within 72 hours**. Please have as many details as possible at hand when you call, 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

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Failure to complete this form fully will delay our ability to guarantee your treatment as we may have to revert to you or the medical provider for further information. The patient's policy must be in force at the time of treatment. Please be advised that guarantee of payment is subject to the terms and conditions of the insurance policy and also subject to the medical assessment of all relevant documentation received, or yet to be received, by Allianz Worldwide Care in respect of this medical condition.

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 D D M M Y Y

Contact person *please specify who should be contacted regarding the progress of this Treatment Guarantee*

Name

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

Telephone COUNTRY CODE AREA CODE

Mobile telephone COUNTRY CODE NETWORK CODE

Email

Data Protection and release of medical records

In these statements, references to information include personal data and information given by you to us, whether in your application, any Claim Form or Treatment Guarantee Form and/or supporting documents or any information we may collect in connection with any product or service we provide. Allianz Worldwide Care, a member of the Allianz Group, is an Irish authorised non-life insurance company and shall be the data controller in respect of all such information.

Uses: Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by us. Allianz Worldwide Care may use third parties to process data on its behalf. Such processing, which may be undertaken outside the European Economic Area (EEA), is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Sensitive data: We need to collect sensitive data relating to you (such as medical and health details) in order to assess the terms of insurance we issue/arrange or to administer claims which arise.

Retention: We are obliged to retain your records for 6 years from the date the insurance relationship ends. We will not retain your data for longer than is necessary and we will hold it only for the purposes for which it was obtained.

Consent: By providing us with your information and by signing this Treatment Guarantee Form, you consent to all of your information being used, processed, disclosed and retained as set out above.

Representation: By your signature you warrant and represent to us that you have authority to act on behalf of your dependants in respect of all personal information you provide to us, you have the authority of your dependants to disclose this personal information for the uses listed above and you are consenting to the processing, disclosure, use and retention of your dependants information on their behalf. In these statements, all references to "you" or "your" shall be deemed to include both you and your dependants.

Access: Under the Data Protection Acts 1988 and 2003, you have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should send the request in writing and address it to the Data Protection Officer, Allianz Worldwide Care, 18B Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, or by email to: client.services@allianzworldwidecare.com. A fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheques should be made payable to Allianz Worldwide Care.

Call recording: Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.

I hereby authorise my medical practitioner, health professional or other relevant medical establishment to provide any health details or medical records that may be requested by Allianz Worldwide Care or their appointed representatives.

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

Patient's signature

Date D D M M Y Y

Allianz Worldwide Care Limited is regulated by the Central Bank of Ireland. Registered in Ireland: No. 310852.
Registered Office: 18B Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

Allianz Allianz Worldwide Care

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

- If additional treatment is required, Allianz Worldwide Care must be notified.
- If invoices are received more than 60 days after patient discharge, acceptance of liability for those expenses remains at the discretion of Allianz Worldwide Care.

Condition

Description of the condition, signs and symptoms

Underlying cause (if known)

Date this condition was first diagnosed? D D M M Y Y   Date of first attendance for this condition? D D M M Y Y

On what date would the first onset of symptoms have been apparent to the patient? D D M M 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   Expected or actual date of delivery D D M M Y Y

Is birth of a single baby expected? Yes ☐ No ☐   If **No**, is the pregnancy a result of medically assisted reproduction other than artificial insemination? Yes ☐ No ☐

Delivery method

Treatment

Planned procedure/treatment

Planned admission date D D M M 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) (delete as appropriate)

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

If **No**, please provide a breakdown of estimated costs: Hospital charges   Physician/anaesthetist fees

Total estimated costs incl. currency CURRENCY

Medical provider details

Hospital/facility name

Address (including country)

Email (mandatory)

Telephone COUNTRY CODE AREA CODE

Fax (mandatory) COUNTRY CODE AREA CODE

Referring physician

Name

Email (mandatory)

Telephone (incl. country and area codes)

Fax (mandatory, incl. country and area codes)

Attending/admitting physician

Name

Email (mandatory)

Telephone (incl. country and area codes)

Fax (mandatory, incl. country and area codes)

Please sign 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

Official stamp of medical provider

Please send this fully completed Treatment Guarantee Form at least five working days prior to treatment by:

- Scan and email to: medical.services@allianzworldwidecare.com or
- Fax to: + 353 1 653 1780 or
- Post to: Medical Services Department, Allianz Worldwide Care, 18B Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

It is your responsibility to keep copies of all your 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.

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