

# TREATMENT GUARANTEE Form

For your convenience, this form (editable PDF version) is available on our website:  
[www.agcs.allianz.com/global-offices/singapore](http://www.agcs.allianz.com/global-offices/singapore)

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 assessment of all relevant documentation received, or yet to be received, by us in respect of this medical condition.

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 (inside Singapore: **800 353 1018** and outside Singapore: **+ 353 1 630 1301**) can take Treatment Guarantee details over the telephone if **treatment is due to take place within 72 hours**. Please have as many details 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

IF YOU CHOOSE TO COMPLETE THIS FORM IN HANDWRITING PLEASE USE **BLOCK CAPITALS**.

## 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 should be contacted 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.allianzworldwidecare.com/en/privacy](http://www.allianzworldwidecare.com/en/privacy).

If you have any queries about how we use your personal data, you can always contact us by email at: [AP.EU1DataPrivacyOfficer@allianz.com](mailto:AP.EU1DataPrivacyOfficer@allianz.com)

Withdrawal of consent: you have the right to withdraw consent to the collection, use or disclosure of your personal data in accordance with the Personal Data Protection Act 2012.

Please tick to confirm I agree to the above data protection terms and conditions

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorise my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information relating to me, if requested by the insurer, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

**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 consent to process your medical information and pay your medical expenses. If you haven't provided us with your consent, please access [my.allianzworldwidecare.com](http://my.allianzworldwidecare.com), login to Online Services and tick the required fields. Alternatively, you can download the Consent Form, available at [www.allianzworldwidecare.com/en/consent-form/](http://www.allianzworldwidecare.com/en/consent-form/). A paper copy is available on request. Please note that every member on the policy over 18 needs to provide their own consent.

The insurer is Allianz Global Corporate & Specialty SE Singapore Branch, address 12 Marina View, #14-01 Asia Square Tower 2, 018961, Singapore. Company Registration No. T11FC0131K.

This policy is supported by AWP Health & Life SA, trading as Allianz Care, a limited company governed by the French Insurance Code and acting through its Irish Branch. Part of the Allianz Group, AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch is registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA provides administration services and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.



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

- If additional treatment is required, we must be notified.
- Please note that all invoices should be submitted within 60 days of patient discharge. Where special arrangements have been agreed between us and 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  /  /  /  /  /  Date of first attendance for this condition  /  /  /  /  /

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

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  /  /  /  /  /  Expected or actual date of delivery  /  /  /  /  /

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  /  /  /  /  /

### For treatment in the USA/UK

CPT code(s)  CCS 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  Physician/anaesthetist fees

Total estimated costs incl. 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, 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  /  /  /  /  /

OFFICIAL STAMP OF MEDICAL PROVIDER

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

- Email to: [medical.services@allianzworldwidecare.com](mailto:medical.services@allianzworldwidecare.com) or
- Fax to: + 353 1 653 1780 or
- Post to: Medical Services Department, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

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.

- If you have any queries, please contact our Helpline from inside Singapore: + 800 353 1018  
from outside Singapore: + 353 1 630 1301  
@ [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)

For our latest list of toll-free numbers, please visit: [www.allianzworldwidecare.com/toll-free-numbers](http://www.allianzworldwidecare.com/toll-free-numbers)