Allianz 🕕

Treatment Guarantee form

Please complete this form in **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 (inside Singapore: **1800 670 9766** and outside Singapore: **+60 (0)3 92127818**) 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.

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 DD/MM/YYYY	

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

Name		
Relationship to patier	nt e.g. self, spouse/partner, parent	
Telephone	COUNTRY AREA CODE CODE	
Mobile telephone	COUNTRY AREA CODE 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. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit: www.agcs.allianz.com/footer/privacy-notice.html. Alternatively, you can contact us on 1800 670 9766 (if you call from inside Singapore) or +60 (0)3 92127818 (if you call from outside Singapore) 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: dpo_sg@allianz.com

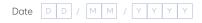
Withdrawal of consent: you have the right to withdraw consent to the collection, use or disclosure of your personal data in accordance with the Personal Data Protection Act 2012.

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 about me, if requested by the insurer, 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.

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

Patient's signature



We need your consent

In line with the General Data Protection Regulation (GDPR) and the Personal Data Protection Act, 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 https://my.allianzcare.com/myhealth/login, login to MyHealth Digital Services and tick the required fields. Alternatively, you can download the Consent Form from www.allianzcare.com/en/consent-form. A paper copy is available on request. Please note that every member on the policy over 18 must provide their own consent.

The insurer is Allianz Global Corporate & Specialty SE Singapore Branch, address 79 Robinson Road, #09-01 Singapore 068897. 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 of AWP Health & Life SA.

- If additional treatment is required, we 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				M / Y	YY	Y		
Date of first attendance for this condition				M / Y	YY			
On what date would the first onset of symptoms have been	apparent to the p	atient?		M / Y	YY			
Diagnosis (if unknown, please state provisional diagnosis)								
ICD9/10 DSM-IV		DRG						
Please also provide the following details for maternity case	25							
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 reproduct	ion?	Yes 🗌 No						
Delivery method								
Treatment								
Planned procedure/treatment								
Planned admission date DD/MM/YYY	′ Y							
For treatment in the USA/UK								
	CCSD code(s)							
Description								
Costs	F							
For treatment in Germany (DRG) please confirm Base Price								
Estimated length of stay night(s) □/ day(s)								
	If Yes , please stat			-				
If No , please provide a breakdown of estimated costs:	Hospital cha	charges Doctor/anaesthetis			t fees Total estimated costs incl. currency			су
Medical consider descile								
Medical provider details								
Hospital/facility name								
Address (including country)								
Email (mandatory)								
Telephone (incl. country and area codes)								
Fax (mandatory) (incl. country and area codes)								
	R	Referring do	octor			Attending	/admitting doctor	
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 D		
Please ser	nd this fully completed Treatment Guarantee Form at least five working days before trea	tment by one of the following:
Email to:	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, Irelanc
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 re	eason that is outside of our reasonable control.

If you have any queries please contact our Helpline from inside Singapore: **1800 670 9766**, or from outside Singapore: **+60 (0)3 92127818**. You can also email us to: **asia.helpline@allianz.com**

For our latest list of toll-free numbers, please visit: www.allianzcare.com/toll-free-numbers