

PRE-AUTHORIZATION Form

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

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.

Pre-authorization 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 (**19154** or **+20224632306**) can take pre-authorization 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 / / ID number

CONTACT PERSON please specify who should be contacted regarding the progress of this pre-authorization 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 Allianz Care, the administrators (data processors) acting on behalf of your insurer 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.

Alternatively, you can contact us on 19154 (when calling from inside Egypt) and on +353 1 630 1301 (when calling from outside Egypt) 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: AP.EU1DataPrivacyOfficer@allianz.com

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 Allianz Insurance Company – Egypt, 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, login to Online Services and tick the required fields. Alternatively, you can download the Consent Form, available at 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.

This policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish companies Registration Office, registered No: 907619, address: Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA acts as the reinsurer and provides administration and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA. The insurer of this policy is Allianz Insurance Company – Egypt (S.A.E)

Allianz Life Assurance Company – Egypt (S.A.E) Registered Under No. 15/2001
 Allianz Insurance Company – Egypt (S.A.E) Registered Under No. 13/2001
 Allianz Egypt For Financial Investments Company Commercial register no: 398608 / Cairo
 Address: Plot no. 14B01 Building no. (A1), Cairo Festival City, 5th Settlement,
 New Cairo
 Phone: (202) 232 23000 Fax: (202) 232 23001



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 أليانز مصر للاستثمارات المالية - (ش.م.م) سجل تجاري رقم 398608 / القاهرة
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