Allianz

Pre-authorisation form

Pre-authorisation 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 Pre-authorisation details over the phone 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.

Guidelines on how to complete this form:

- If you are using a printed version of this form, please complete it in **BLOCK CAPITALS**.
- **Section 1** must be fully completed by (or on behalf of) the patient.
- **Section 2** must be fully completed by the doctor.

Please note that

- 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.
- The 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 Pre-authorisation request

Name

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

Phone (country code) (area code)

Mobile phone (country code) (network code)

Email address

Your personal data

Our Data Protection Notice explains how we protect your privacy and process your personal data. You must read it before sending us any personal data. To read our Data Protection Notice, visit: **www.allianz.sg/Privacy-Policy.html**.

If you have any queries about how we use your personal data, please email us at: **dpo@allianz.sg**.

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

Date (DD/MM/YYYY) / /

We need your consent

In line with the Personal Data Protection Act 2012 and applicable data protection regulations, 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 **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.

2. Treatment details - to be fully completed by the medical provider

- If additional treatment is required, you must notify us.
- 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 (DD/MM/YYYY) / /

Date of first attendance for this condition (DD/MM/YYYY) / /

On what date would the first onset of symptoms have been apparent to the patient? (DD/MM/YYYY) / /

Diagnosis (if unknown, please state provisional diagnosis)

ICD9/10 DSM-IV DRG

Please also provide the following details for maternity cases

Date pregnancy was confirmed by the doctor (DD/MM/YYYY) / /

Expected or actual date of delivery (DD/MM/YYYY) / /

Is birth of a single baby expected? ☐ Yes ☐ No

If No, is the pregnancy a result of medically assisted reproduction? ☐ Yes ☐ No

Delivery method

Treatment

Planned procedure/treatment

Planned admission date (DD/MM/YYYY) / /

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) (tick as appropriate)

Is a package price being offered? ☐ Yes ☐ No

If Yes, please state price offered incl. currency

If No, please provide a breakdown of estimated costs

Hospital charges Doctor/anaesthetist fees

Total estimated costs incl. currency

Medical provider details

Hospital/facility

Hospital/facility name

Address

City/town Country

Referring doctor

Name

Email (mandatory)

Phone (country code) (area code)

Fax (country code) (area code)

Attending/admitting doctor

Name

Email (mandatory)

Phone (country code) (area code)

Fax (country code) (area code)

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

Official stamp of medical provider

Date (DD/MM/YYYY) / /

Please send this fully completed Pre-authorisation Form at least five working days before treatment by email to: **asia.medical@e.allianz.com**

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: **1800 670 9766**, or from outside Singapore: **+60 (0)3 92127818**. You can also email us to: **asia.helpline@e.allianz.com**

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

FRM-SING-PreAuth-EN-1026

This insurance policy is underwritten by Allianz Insurance Singapore Pte. Ltd., address 79 Robinson Road #09-01 Singapore 068897. Company Registration No. 201903913C. This policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code 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 – Irish Branch provides administration services for the policy.