



Group Insurance Claim Form 团险索赔申请表
Section B Medical Information B. 医疗信息

***To be completed by the attending physician, photocopy of medical reports including details below may replace this page.**
***以下部分由主治医师填写，涵盖下面各项信息的医疗报告复印件可替代此页信息。**

Information of Care Provider 就诊机构信息	Name of Attending Physician 主治医师姓名	
	Name of Hospital/Clinic 医疗机构名称	
	Telephone# 电话号码	
	Email 电子邮箱	
	Address 地址	

Treatment Category 就诊类别	Treatment is related to (please tick related category and fill in information as required) 治疗内容关于 (请勾选下列相关选项)	
	<input type="checkbox"/> Routine Physical Exam 常规预防性体检	<input type="checkbox"/> Immunization 疫苗接种
	<input type="checkbox"/> Psychiatric/Psychological Consult 精神及心理咨询	<input type="checkbox"/> Optical Care and Glasses 验光配镜
	<input type="checkbox"/> TCM therapy (i.e. acupuncture, massage...) 中医疗法	<input type="checkbox"/> TCM Herbal Remedy 中草药诊疗
	<input type="checkbox"/> Physical Therapy/Chiropractic, please specify diagnosis 物理治疗/脊椎指压治疗, 请详述具体诊断	
	<input type="checkbox"/> Maternity, please specify gestational weeks 产检或生育, 请详述孕周数	
<input type="checkbox"/> General Injury or Illness, please fill in treatment details as per below format 伤病治疗, 请按照如下格式填写就诊详情		

Treatment Details 治疗详情	Chief Complaint 病人主诉:	
	Relevant Medical History 相关病史:	
	Physical Exam and Tests 检查及化验:	
	Diagnosis/Impression 诊断或印象:	
	Suggestions/Treatments 医嘱/处置:	
	Signature of Attending Physician 主治医师签名	Date dd/mm/yy 日期

Reminder to the beneficiary: You may go through the following claim checklist to obtain adequate materials from the care provider. Please no hesitate to contact Generali China Life Group Business Service via dedicated hotline: 400-888-7555 for any enquiries.
温馨提示被保险人: 您可参照下述索赔核对表向就诊机构索取完整的索赔资料, 若您有任何问题请随时拨打团险服务专线400-888-7555

Claim Material Checklist 索赔单证核对	Completed claim form 填写完整的索赔申请表	<input type="checkbox"/>
	Original receipt(s) with cost breakdown 原始费用收据及收费明细	<input type="checkbox"/>
	Referral letter or Admission note(s), medical certificate(s), discharge summary required for inpatient claims 住院推荐书或通知书、诊断证明、出院小结 (针对住院费用理赔)	<input type="checkbox"/>
	Medical report(s), medical certificate(s) for outpatient claim(s) 医疗报告、诊断证明 (针对门诊费用理赔)	<input type="checkbox"/>
	Other supplementary reports(if any) such as prescription, lab test results, imaging report... 其他补充性报告 (如果有) 如处方、化验结果、影像检查报告等	<input type="checkbox"/>