

**Claim Form for Direct Billing 直付理赔申请表**  
**Section A General Information A. 基本信息**

Applicant Information 申请人信息				
Applicant Information 申请人信息	Name *姓名:	Gender 性别:	Nationality 国籍:	Membership # *客户号:
	Type of ID *证件类型:	ID/Passport # *证件号码:	Validity of ID *证件有效期: —	
	Occupation 职业:	Permanent Address 常住地址:		Telephone # *电话号码:
Primary Insured Information 主被保险人信息				
Primary Insured Information 主被保险人信息	Name *姓名:	Gender 性别:	Nationality 国籍:	Membership # *客户号:
	Type of ID *证件类型:	ID/Passport # *证件号码:	Validity of ID *证件有效期: —	
	Occupation 职业:	Permanent Address 常住地址:		Telephone # *电话号码:
<b>Note: If the applicant is the primary insured, this section does not need to be filled out. 注: 如果申请人本人为主被保险人, 主被保险人信息部分无需填写。</b>				
<b>Note: *Compulsory information; If claim amount exceeds RMB 50,000 or US\$ 10,000 or other currencies in equivalent, copy of beneficiary's identification (i.e. ID front and back sides or passport, etc) is required. 注: *为必填项; 单次申请金额超过人民币5万元或1万美元等值外币, 请提供被保险人的有效身份证件正反面复印件(如身份证、护照等)。</b>				
Expenses for Which Reimbursement is Claimed 申请报销费用明细及金额				
Payment Information 给付信息	Date 日期	Description of Injury, Illness or Treatments 受伤、疾病或治疗描述		Currency 货币种类
				Amount 金额
Authorization for Transfer 转账授权信息	<input checked="" type="checkbox"/> I, the beneficiary, authorize Generali China Life Insurance Co., Ltd to transfer reimbursement into the direct-billing institution's bank account designated. 本人授权中意人寿保险公司(以下称“贵公司”)将赔付款项划入直付机构在贵公司指定的领款银行账户。			
Claim File Management 理赔单据管理	1. In the event that you may prefer submitting claim to Generali China prior to other insurers, original medical receipts will not be returned; however, Explanation of Benefits is available as the substitute of the original medical receipts; 若您选择先行向中意人寿理赔则医疗费用收据原件不予退还, 但可出具理赔明细说明书(理赔分割单)以作为医疗费用收据原件替代文件以便被保险人后续向其他保险机构进行理赔; 2. In case of incident 1, please clarify if Explanation of Benefits is required; 若属上述第1项情况, 请告知是否需要理赔明细说明书(理赔分割单): <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Declaration and Authorization 声明及授权	For the purpose of claim settlement, I authorize GCL as follows: I authorize GCL to collect my sensitive and non-sensitive personal information from myself or necessary partners during claim settlement stage and policy valid duration. GCL has the right to carry out activities by processing on my sensitive and non-sensitive personal information collected for the purpose of claims settlement. <b>Sensitive personal information:</b> includes but not limited to: personal biometrics, medical health, financial account, etc., as well as personal information of minors under the age of 14. <b>Non-sensitive personal information:</b> refers to other information except the sensitive personal information listed above, including but not limited to: name, gender, nationality, etc. 本人因向中意人寿申请理赔业务, 特向中意人寿授权如下: 本人同意并授权中意人寿在本人理赔业务处理阶段及业务存续期间, 基于本人理赔业务处理与后续管理的目的, 向本人或中意人寿必要的合作伙伴及第三方机构收集有关本人的敏感和非敏感个人信息。中意人寿有权出于办理理赔业务的需要, 就收集到的本人的敏感和非敏感个人信息开展处理活动。 <b>敏感个人信息:</b> 包括但不限于: 本人的生物识别、医疗健康、金融账户等, 以及不满十四周岁未成年人的个人信息。 <b>非敏感个人信息:</b> 指除以上列举的敏感个人信息外的其他信息, 包括但不限于: 本人的姓名、性别、国籍等个人信息。			
	I hereby declare that the above information is provided by myself and no material has been withheld and information given herein is true. I authorize that any doctors, hospitals, clinics, insurance companies, police institutes and public or private organizations that keep any medical history or records or knowledge of me who have attended or may hereafter attend to disclose such information to Generali China Life Insurance Co., Ltd. for the purpose of assessing and processing insurance application, claims or subsequent services. I hereby agree that any personal information collected by the Company is provided and may be held, used, disclosed and transferred by the Company for the purpose of insurance, reinsurance, data processing and statistics. I understand that any transfer of the claim payment from insurer to the direct-billing institution's bank account through designated bank shall be deemed as the payment has been delivered. I acknowledge the responsibility for the expenses which confirmed out of my insurance coverage upon direct billing service. If I fail to refund the ineligible expense on time, Generali China shall have the right to pursue the recovery through legal approach. 本人经过仔细阅读后确认上述所填内容、答案及与之有关的资料均为本人亲自提供且完整并确实无误, 无隐瞒或遗漏。本人授权任何医生、医院、诊所、保险公司、公安机关、任何公立或私立的组织单位, 在任何时候均可以将有关被保险人的资料、报告或文件交给中意人寿保险有限公司及其代表, 此授权书的副本与正本具有同样效力。本人同意中意人寿保险有限公司将有关被保险人的资料用于保险、再保险、数据处理及统计事宜。本人清楚明白中意人寿保险有限公司的赔偿款项一经通过银行成功转账至直付机构所指定的账户, 将视为本人已收到该笔赔偿款项。本人清楚保险合同中不属于保险人保险责任范围内的费用应由本人承担。如保险人已进行了垫付, 本人有义务将此部分费用支付给保险人。如本人未及时支付, 保险人有权通过法律途径进行追偿。			
	<input checked="" type="checkbox"/> Signature of Patient or Guardian 被保险人或其法定监护人签名			Date dd/mm/yy 日期

## Claim Form for Direct Billing 直付理赔申请表

### 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.**

**\*以下部分由主治医生填写，涵盖下面各项信息的医疗报告复印件可替代此页信息。**

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

<b>Treatment Category</b> 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		

<b>Treatment Details</b> 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 主治医生签名	Date dd/mm/yy 日期

**Reminder: You may go through the following claim checklist to submit adequate materials for reimbursement. Please do not hesitate to contact Generali China Life Group Business Service via dedicated hotline 400-888-7555 for any enquiries.**

**温馨提示: 您可参照下述索赔核对表提供完整的索赔资料, 若您有任何问题请随时拨打团险服务专线400-888-7555。**

<b>Claim Material Checklist</b> 理赔单证核对	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, etc. 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"/>