ICBC-AXA Life Pre-Authorisation Form – Non Maternity

(In-patient and Daycare only)

Treating Specialist / Consultant or Hospital Insurance Office to Complete

*****To ensure efficient processing of this application please ensure the form is completed clearly and legibly*****

工银安盛人寿 保险事先授权书 – 非产科

（仅适于住院和日间护理）

由医疗专家/主治医师或医院保险办公室填写

*****为使申请得到迅速受理，请确保本申请书填写完整、清晰，明白无误*****

Patient's Family Name / Last Name 患者姓： First Name 名:

Patient's Date of Birth 患者出生年月日: Year年 Month月 Day日

Plan Name保险计划名称: Plan Number保险计划编号:
Member Number被保险人号码:

Patient's Contact Phone Number 患者联系电话号码:
Patient's email address (if known) 患者电子邮箱地址（如已知）:
NB: Contact details must be provided to enable us to process the pre-authorisation, failure to do so may result in delays 注意：必须提供详细联系地址，否则会延误对本事先授权书的处理.

Admission Date 入院日期: Expected Discharge Date预期出院日:
NB: Admission date must be provided before we can provide a Guarantee of Payment letter
注意：必须要有预计入院日期我们才能**出具支付保函。**

Specialist / Consultant Name专家/主治医师姓名:
Telephone number电话号码: Fax Number传真号码:
E-mail Address电子邮箱地址:

If the patient was referred to you – please advise the name and contact details of the referring doctor.
如果病人是转介给您的，请提供该医生的姓名和详细的联络方式。
Name of Doctor 医生姓名: Contact telephone number医生电话号码:

On what date did the patient first notice signs and symptoms of this medical condition?
患者什么时候第一次发现症状? Year年 Month月 Day日

On what date did the patient first present these symptoms to you :
患者什么时候第一次向您寻求治疗? Year年 Month月 Day日

Please provide full details of patient symptoms: 请详细描述症状

Has the patient suffered from the same or similar symptoms previously 患者以前有没有出现同样或相似的症状:
Yes 有: □ No 没有: □
If yes, please provide full details 如回答有，请予以说明:

Please provide full details of medical examination findings:
请详细提供医疗检查结果

Please provide full details of medical investigations required:
请详细描述所需治疗

What is your diagnosis:	Provisional: 初步诊断	Final: 最后诊断

Please provide proposed treatment plan 请提供您建议的治疗计划:

In Your opinion would you consider the medical condition to be按您的观点，此病症属于:

Acute: □ 急性	Chronic: □ 慢性	Acute episode of a chronic condition: □ 慢性疾病急性发作	Terminal: □ 晚期疾病

I declare that to the best of my knowledge and belief the statements made on this claim for are full, true, and complete 我申明就我所知此次保险索赔中所述是完整的，真实的，全面的.

Medical practitioner signature 医生签名: Date日期: Year年 Month月 Day日

Estimated Costs

Please provide a breakdown amount in point a-f if you do not provide package prices, or please advise the package quote in point g.

费用概算

如没有给您组合报价，请按以下a-f点分别列出，或者将组合报价列在 g点

a) Surgeon's /Doctor' s Fees手术/医生费:	b) Anesthetist's Fees 麻醉师费:
c) Laboratory Fees 化验室费:	d) Radiology Fees放射费:
e) Hospital Theatre Fees手术室费:	f) Medicines/consumables 药品/医疗耗材费:
g) Estimated package price if applicable 估计组合报价(如有):	

Please note: If the patient is on a Moratorium Policy, we may need to obtain further details of previous medical history, before being able to approve costs for this medical treatment. Your assistance in providing this form, fully completed, **at least 48 hours** prior to discharge, is much appreciated **请注意**：如患者是买的延缓履行保险单，在批准此次医疗费用前我们可能需要获取患者之前的病史。感谢您在出院前**最少48小时**外，协助填写完成这一表格.

Out-patient Treatment for agreed Direct Billing Hospitals 在协议直接记帐医院里就诊的门诊患者

If a patient presents a direct bill membership card for out-patient treatment and you are a hospital on the ICBC-AXA Life Direct Billing Network, the insured will be entitled to receive out-patient treatment under the agreed direct billing terms. Please follow the agreed direct billing procedures that apply as no pre-approval is required for an out-patient procedure. If a client shows a non direct bill membership card, then they will have to pay and claim for their out-patient treatment

如持有工银安盛人寿直付会员卡的投保患者到您的医院门诊就医，而且您的医院是属于工银安盛人寿协议记帐医院网的一员，该患者有权按协议的直接记帐条件接受门诊治疗。因为门诊患者不需申请事先批准，请按适用的协议直接记帐手续办理． 如患者持有无直付功能的会员卡，则患者必须自行支付费用，然后按门诊治疗提出保险索赔。

Please return this form to the following fax number请将本表按下传真号返回给我们: +44 (0) 1252 351202

Should you wish to contact the International Helpline please use the following details below

如您希望使用国际帮助热线，请拨打以下电话:

If you are calling from the UK如您在英国，拨: 0800 0327 921
If you are calling from the USA如您在美国，拨: 1 866 895 779
If you are calling from North China 如您在中国北方，拨: 1 0800 6400 113
If you are calling from South China 如您在中国南方，拨: 1 0800 2640 113
If you are calling from UAE如您在阿联酋，拨: 800 064 01957
If you are calling from outside of the countries mentioned above如您不在以上国家 ，拨: +44 (0) 1252 351200
Email电子邮件地址: assistance@interglobalpmi.com