中国平安 PING AN
金融 · 科技

平安健康保险股份有限公司
PING AN HEALTH INSURANCE COMPANY OF CHINA,LTD.

预授权申请表
Pre-authorization Application Form

被保险人信息： Insured Information:

被保险人姓名 Name of the insured:
分单号（参考直结卡）Sub-Policy NO (refer to DB card):
证件类型 ID type： □ 身份证 ID card □护照 Passport □港澳通行证 HK/Macau ID □其它 Other ( )
有效证件号码 Valid ID number:
出生日期 Date of Birth: 年 YY/ 月 MM/ 日 DD
联系电话 Contact No： (国际 intl+) +(区号 area) +( )

医疗机构信息 Medical Provider Information

医疗机构名称 Name of medical facility:	
地址 Address:	
就诊科室 Department:	医疗机构电话: (国际 intl+) +(区号 area) Facility contact number: +( )
主治医生 Attending doctor/Provider:	
主治医生电话 Provider contact number: (国际 intl+) + (区号 area) + ( )	

就诊信息（由医生填写）： Treatment information (filled by the doctor):

就诊原因 Medical Reason: □意外事故 Accident □疾病 Disease □生育 Maternity
预授权项目有如下举例，请勾选，具体以保单约定为准: **Pre-authorization requests listed as below, please chose the items prescribed** □ 单项大于5000元检查 Examination with unit price above RMB5,000 □ 门诊手术治疗 Outpatient surgery □ 住院手术治疗 Inpatient surgery □ 住院非手术治疗 Inpatient treatments □ 首次门诊肾透析、门诊恶性肿瘤电疗、化疗或放疗 The first time of outpatient kidney dialysis, outpatient malignant tumor electrotherapy, chemotherapy or radiotherapy □ 购买或租用胰岛素泵及其配套器械 Purchasing or renting insulin pumps and additional devices □ 保障区域外的紧急医疗 Emergency medical services beyond Geographic Coverage □ 其他（请说明）Others (Details)
主要症状及起病时间 Symptoms and onset date/time:
初次投保前是否已有相关症状或疾病 Does relevant symptom or disease appear before your first enrollment? □ 是 Yes / □ 否 No
重要检查结果 Examinations results: (可附上具体报告结果代替 Examination report copy will work).
如意外事故，请提供事故原因及时间 If it is an accident case, please provide details including time and reason：
诊断名称 Diagnosis:

诊疗计划（含手术方案）： Treatment Plan (including surgical plan):	
入院/治疗日期 Estimate admission/treatment Date:	
预估总费用 Estimated total cost: CNY /US$ /( )	预估住院天数： Estimated length of stay:
【注意 Notice】务必在申请预授权的同时提供相关病历复印件。Must provide medical records copies along with the application.	

1. 请如实并详细的填写上述信息，同时将相关病历资料发送我们，以便尽快处理您的预授权申请。
Please fill in the above information as detail as possible, and send us the relevant medical records, so as to quickly deal with your pre authorization request.
2. 我司仅对预授权申请表上信息进行审核，对于治疗期间涉及其他预授权项目，需重新申请预授权。
PAH will review the information provided on the application for pre-auth. For other pre-authorization items during the treatment, the client needs to file another application for pre-authorization.
3. 我司联系电话：+86-95511 转 7 邮箱：health@pingan.com.cn
Phone number of PAH: +86-400 8833 663 ext 2; mailbox: health@pingan.com.cn