

代配药服务理赔申请书 - 就诊人信息

Pharmacy Direct Billing Claim Form - Patient Information

为了您更好的享受代配药服务，请仔细阅读药代配药服务说明，并完整填写理赔表。

In order to provide you mor intimate pharmacy dirct billing service, please read the following introductions and complete the claim forms.

出险者信息 Details of the insured

出险者姓名 Insured Name		生日 DOB	YYYY年-MM月-DD
分单号 Sub-policy Number		性别 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
证件类型 ID Type	<input type="checkbox"/> 身份证 ID Card <input type="checkbox"/> 护照 Passport <input type="checkbox"/> 其他 Other	证件号码 ID Number	
电子邮件 Email		手机号码 Mobile Number	
邮寄地址 Mailing Address			

代配药服务温馨告知 Warm Prompt for Pharmacy Direct Billing Service

欢迎您选择我们的慢性病代配药服务，为了更好的提高我们的服务质量，让您更全面的了解这项服务，在送药之前请您仔细阅读如下信息：

Thank you for choosing pharmacy direct billing service. In order to improve our service quality, and let you know more comprehensive bout this service, please pay attention to the below information.

- 给您送药的药房是具有国家资质的品牌药房，不属于平安；但是平安会定期审核合作药房服务质量以及从业人员资质。  
All pharmacies cooperated with Ping An to provide the pharmacy direct billing service have the national certification. To protect your benefits, we will audit the service quality of our partner pharmacies and its staffs regularly.
- 服务针对的客户： 仅对有慢性病门诊福利的客户提供代配药服务。  
Service object: Pharmacy direct billing service is only for members who is effective and has outpatient chronic disease benefits.
- 服务内容：代配药服务仅限于OCT和双轨制处方药。单轨制处方药（精神类、抗生素、胰岛素、生物制剂、安眠药、麻醉类药物等）除外  
Service contention: Pharmacy direct billing only provide you OTC medicines and double-tract system prescription medicines. Single-tract system prescription medicines could not be provided. (Including psychiatric drugs, antibiotics, insulin, biological, hypnotics and narcotic, etc.)
- 提供服务的疾病： 仅提供需要长期服用药物的慢性疾病的药物配送服务。  
Pharmacy direct billing only provide medicines for chronic illness which need long term to take medicine for control.
- 温馨提示 Kindly remind :
  - 为了用药的安全我们建议您已服用现有药物3个月以上，病情稳定，不需要调整药物或药物的用法、用量的情况下再选用该项服务。服药期间如有不适，请及时就医。  
In order to protect your medication safety, pharmacy direct billing service only provide for members who has stable conditions and needs stable medicines, which have already been taken for more than 3 months. And please visit doctors if you have any discomfort.
  - 申请材料准备 The materials needs for this service :
    - 相关医学资料、病历处方（药物用法、用量）。 Related medical records and prescriptions.
    - 完整的理赔表包括您本人的邮寄地址和联系方式（电话、邮箱）。  
The complete claim form with your delivery address and contact information (Email address and phone number).
  - 申请代配药服务时，我们会将您的申请材料，包括但不限于个人基本信息、病历、处方等交给平安的合作药房。  
When applying for this service, we will submit your application documents, including but not limited to personal basic information, medical records, prescriptions, etc. to the cooperative pharmacy.
  - 为了您的用药安全，药房直付服务根据您的有效医疗文件最多提供半年的药物量。半年后如您仍需代配药服务，请到正规医院复诊，并提供最新的病历及处方（药物用法、用量）。  
Please visit your doctor for further consultation every half year. This service could only be provided based on your valid medical record or prescription within half year.
  - 如果您需要我们提供该服务，为确保能及时将药物送达，请至少提前一周告知我们。  
Please inform us your request at least one week before you are running out of the medicines.

您在理赔表的签字表明您已完全理解和接受药房直付服务的相关内容和规定。

Your signature on claim form indicates that you have understood and accepted the conditions and rules of pharmacy direct billing service.

申请人签字 Applicant's Signature: \_\_\_\_\_ 日期 Date: (YYYY年-MM月-DD日)

平安健康险联系方式 PAH Contacting Information:电话Tel: 95511-7 (中文) , 4008833663 ext.2 (English), 邮箱 Email:health@pingan.com.cn