# 中国平安 PINGAN

金融・科技



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

# 医疗理赔申请书

## Claim Application Form for Medical Expenses

该理赔申请书适用于医疗费用、住院津贴、重大疾病的理赔申请。

Use this form to apply for reimbursement of medical expenses, inpatient allowance and critical illness policies.

请填写本申请书并附上以下材料:

- 被保险人的**有效身份证明文件**复印件;
- 医疗费用收据(发票)原件及费用明细清单;
- 病历资料、处方(如有)、出院小结(住院理赔申请)复印件;
- 银行账户信息复印件(如果该帐户信息第一次使用)

如为团体保单,请提交给您的人力资源联络人或您保单的服务人员 (邮寄地址可登陆health.pingan.com查询)

如为个人保单,请提交给您的销售代理人

若您有任何问题,请电话联系我们: 95511 选7 (中文)

Please complete the form and attach the following:

- A copy of the insured's valid identification;
- Original invoice(s)/receipt(s) ("fapiao") and itemized medical bills;
- A copy of the medical records, prescription (if any), discharge summary (for inpatient claims);
- A copy of the Bank account statement for claims reimbursement (if we are using these bank details for the first time).

For group policies, submit to your HR contact person or post it to your account manager (addresses can be found at health.pingan.com).

For individual policies, submit to your sales agent

If you have any queries, please contact us by phone: 400 8833 663 Option 2 (English)

1、出险者信息 Details of	the Insu	red													_
出险者姓名 Full name								证件有效期至 ID expiry date YYYY / MM / DD							
证件类型 ID type	身份证	ID card	护	照 Pass	sport	;	其他 Oth	er				国籍 National	ity		
证件号码 ID number												职业 Occupat	ion		
投保单位(公司名称) Policy holder (company name)						lf		isured a	as an indiv nplete this		/ou	性别 Gender	□ 5	見 Ma 女 Fe	ale male
分单号 Sub-policy number															
联系电话 Telephone number	电子邮箱 Email address														
邮政编码 Post code	邮寄地址 Postal address														
2、申请人信息 Details of the Applicant Unpitched Un															
申请人姓名 Applicant's name										证件有效期至 ID expiry date YYYY / MM / DE			YYYY / MM / DD		
证件类型 ID type	身份证	ID card	护	院 Pass	sport		其他 Oth	er				国籍 National	ity		
证件号码 ID number												职业 Occupat	ion		
申请人与出险者关系 Relationship of the applicant to the insured	□ 父母 Parent □ 子女 Child □ 出售 Spouse □ 其他 Other □ 工作 Child □ 工作 Ch														
联系电话 Telephone number		电子邮箱 Email address													
邮政编码 Post code	邮寄地址 Postal address														
3、事故信息 Details of the Event															
事故类型 Type of claim	──医疗费用 Medical expense ──住院津贴 Inpatient allowance ──重大疾病 Critical illness policy						policy								
事故日期 Date of event															
是否为(含)首次就诊 Is this the first visit (or inclusive o	of the first v	isit) for thi	s con	dition?			是 Yes 否 No		诊医院 ospital of	first	trea	tment			
就诊日期 Date of treatment (年/月/日 YYYY/MM/DD)	费用类别 Expense type 费用金额						货币单位 Currency Number of				主要病情及诊断				
	门诊 OP 住院 IP Amount						Currency invoices				Key symptoms and diagnoses				
如行数不够可用该格式添加附页填写	号 If you req	uire more	space	e, pleas	e add a	additic	onal pag	es to t	his form,	in the	saı	me format.			
提交发票总数 Total number of invoices submitted 申					申请理赔金总额 Total amount										

4、保险金给付信息 Detai	ils for Benefit Payment									
Claims will only be reimbursed into th	法定监护人及授权第三方。理赔金仅通过转账给付,请提领e bank account of the insured, the legal guardian of the account. If the claim is in a foreign currency, payment	the insured or an authorized third party. Claim	reimbursements will only be made by bank							
理赔金领取 Payment options	Use the bank details already recorded	日选此项,则无需填写以下账户信息或提交账户信息复印件)。 d by Ping An Health for this claim reimbursement need to complete the bank details below or submit proof of bank details) 选此项,且该账户信息第一次使用,请提交账户信息复印件)。 or this claim reimbursement sing the bank details below for the first time, submit proof of these bank details)								
LEXICITE OPTIONS	Use the bank details provided below fo									
	户名 Account Name									
账户信息 Bank Details	银行名称 Bank Name	开户分行	行 Branch							
	账号 Account Number									
授权保险公司留存,供后续理赔给付	寸使用 May Ping An Health record these bank d	etails for future claim reimbursements?								
	内容真实详尽。 份有限公司及其合作机构(包括但不限于健康管理 机构等)自行或通过委托的第三方机构,向医疗机	Declaration  1. I declare that all information provided on this form and the documents submitted with it are true and correct to the best of my knowledge.  2. I agree and authorize that Ping An Health Insurance Company of China, Ltd. and its partners (including but not limited to health management institutions, technology service institutions and insurance practitioners) to access, extract and copy claim								
核保、理赔等保险服务相关用途, 3. 本人同意将本次理赔申请的保险会 银行账户,由该账户所有人代为会 转账不成功、未及时或未全额收取	调阅、摘抄、复印与理赔申请相关资料,用于本人本人愿承担由此产生的一切法律责任。	materials by themselves or through their entrusted third-party institutions from medical institutions, government agencies and other organizations or individuals for insurance service related purposes such as underwriting and claims settlement. I agree to bear all legal liabilities arising therefrom.  3. I agree that reimbursement for this claim will be made into the bank account of the insured or into the bank account authorized on this application, and that the account holder is entitled to receive the reimbursement. Ping An Health will not be responsible for errors or failed, delayed or incomplete payments due to mistakes on the application form or having the incorrect bank account details.*  4. I agree that the medical expenses that Ping An Health has already paid to the hospital, and which are not covered on my insurance policy, will be deducted from the benefit payment for this claim.								
平安集团服务产生的信息(包括本集团根据本条约定查询、收集的保护工作的本人提供服务、推荐产品、完全,在人授权平安集团,除法律另有关的,向平安集团因服务必要开展。 3. 为确保本人信息的安全,平安集团各种措施保证信息安全。 4. 本条款自本〔单证〕签署时生效,态变化的影响。 5. 本条所称"平安集团"是指中国工股的公司,以及中国平安保险(约东的公司。	规定之外,将本人提供给平安集团的信息、享受本〔单证〕签署之前提供和产生的信息)以及平安意息,用于平安集团及其因服务必要委托的合作伙开展市场调查与信息数据分析。现定之外,基于为本人提供更优质服务和产品的目合作的伙伴提供、查询、收集本人的信息。团及其合作伙伴对上述信息负有保密义务,并采取具有独立法律效力,不受合同成立与否及效力状平安保险(集团)股份有限公司及其直接或间接控集团)股份有限公司直接或间接作为其单一最大股或全部,可〔致电客服热线(95511)〕取消或变更	<ol> <li>Clause on Information-related Authorization by Individual Customers of Ping An Group:</li> <li>I authorize Ping An Group, unless otherwise provided for by law, to use any information I provided to Ping An Group, any information generated from services I received from Ping An Group (including information provided and generated before signing this document) as well as any information obtained and collected by Ping An Group for the purposes of providing services, recommending products, market research, and data analysis and to share information with any partners of Ping An Group duly authorized for provision of services.</li> <li>I also authorize Ping An Group, unless otherwise provided for by law, to provide data to partners or request it from partners with which Ping An Group cooperates to provide me with better services and products.</li> <li>I understand that to ensure security of my information, Ping An Group and its partners will take the necessary precautions to keep information confidential and will put measures in place to ensure security of information.</li> <li>This Clause shall take effect upon signature of this [Document] and have independent legal force and effect regardless of whether a contract is formed or whether the force and effect of such contract changes.</li> <li>Ping An Group herein refers to, collectively, Ping An Insurance (Group) Company of China, Ltd. and companies controlled by it directly or indirectly as well as companies in which Ping An Insurance (Group) Company of China, Ltd. acts directly or indirectly as a single largest shareholder.</li> <li>If you completely or partially disagree with any of the above, please contact us to cancel or change your authorization.</li> </ol>								
* <b>备注:</b> 本单证中申请授权第三方代* * <b>Note:</b> In order for the insured to sign below and submit copies or	tion and Authorization details above 为领取理赔金 <b>仅限于连带被保险人之间</b> ,并需同时提 b authorize a member on the same sub-policy f their ID documents together with this form.	to receive the reimbursement, both the								
	)签名 Signature of the Insured (Insured		日期 Date: YYYY / MM / DD							
甲请人(监护人/被委托人	)签名 Signature of the Applicant ( Gua	rdian / Attorney)	_ 日期 Date: YYYY / MM / DD							
仅供公司填写 For office	use only									
保险公司签收人签名 Signatu	re of recipient at Ping An Health		日期 Date: YYYY / MM / DD							
反保险欺诈提示		Anti-Fraud Notice								

诚信是保险合同基本原则,涉嫌保险欺诈将承担以下责任。

刑事责任进行保险诈骗犯罪活动,可能会受到拘役、有期徒刑,并处罚金或者没收财产的刑事处罚。保 险事故的鉴定人、证明人故意提供虚假的证明文件,为他人诈骗提供条件的,以保险诈骗罪的共犯论处。

行政责任进行保险诈骗活动,尚不构成犯罪的,可能会收到15日以下拘留、5000元以下罚款的行政处罚; 保险事故的鉴定人、证明人故意提供虚假的证明文件,为他人诈骗提供条件的,也会受到相应的行政处罚。

民事责任 故意或因重大过失未履行如实告知义务,保险公司不承担赔偿或给付保险金的责任。

This insurance agreement is formed on the basis of integrity. Any suspicion of insurance fraud will carry the following liabilities.

Criminal liabilities Any criminal activities involving insurance fraud can lead to: detention, imprisonment and other penalties such as a fines or confiscation of personal property. Appraisers or witnesses of an incident who intentionally provide false documents or information to allow others to defraud the insurer will be treated as accomplices in the insurance fraud.

Administrative liabilities Those who conduct insurance fraud that does not constitute a crime will be subject to administrative punishment such as detention of up to 15 days or a fine of up to RMB 5 000. Appraisers or witnesses of an incident who intentionally provide false documents or information to allow others to defraud the insurer will be treated as accomplices in the insurance fraud.

Civil liabilities If an applicant fails to provide true statements, either intentionally or due to gross negligence, the insurer will not reimburse or pay insurance benefits.