

Treatment Guarantee Form

Please complete this form in **BLOCK CAPITALS**.

Treatment Guarantee is not required in advance of **emergency treatment**. However either you, your physician, one of your dependants, or a colleague must inform us about your admission to hospital **within 48 hours of the event**.

Our Helpline (+ 353 1 630 1301) can take Treatment Guarantee details over the telephone if **treatment is due to take place within 72 hours**. Please have as much information as possible to hand when calling, including the contact details of your doctor.

Section 1 must be fully completed by (or on behalf of) the patient

Section 2 must be fully completed by the doctor

Failure to complete this form in full will delay us in guaranteeing your treatment because we may have to contact you or the medical provider for further information.

The patient's policy must be in force at the time of treatment. Please note that guarantee of payment is subject to the terms and conditions of the insurance policy. It is also subject to our assessment of all the relevant documentation we need in respect of this medical condition.

1 Patient details to be fully completed by (or on behalf of) the patient.

Policy number

First name

Surname

Date of birth DD / MM / YYYY

Contact person: please specify who we should contact regarding the progress of this Treatment Guarantee request

Name

Relationship to patient (e.g. self, spouse/partner, parent)

Telephone COUNTRY CODE AREA CODE

Mobile telephone COUNTRY CODE NETWORK CODE

Email

We care about your personal data protection

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit: www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on + 353 1 630 1301 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by email at: AP.EU1DataPrivacyOfficer@allianz.com

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorise my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information about me, if requested by Allianz Care, its medical advisers or its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

If a minor was treated, a parent or guardian should sign and date this section.

 Patient's signature _____

Date DD / MM / YYYY

We need your consent

In line with the General Data Protection Regulation (GDPR), we need your consent to process your medical information and pay your medical expenses. If you haven't provided us with your consent, please access <https://my.allianzcare.com/myhealth/login>, login to MyHealth Digital Services and tick the required fields. Alternatively, you can download the Consent Form from www.allianzcare.com/en/consent-form. A paper copy is available on request. Please note that every member on the policy over 18 must provide their own consent.

To facilitate your pre-approval request, please ensure to submit all required documentation:

- Fully completed and signed Treatment Guarantee Form.
- Your local insurance or social security plan statement / certificate displaying the cover is active and the benefits you are covered for including any limits (in order to appropriately review your request it is important for us to verify if your local insurance or social security plan fully covers / partially covers / rejects or declines the costs of treatment). In all such cases, please provide us with the declinature statement / explanation of benefits / claims statement of accounts or any other document that supports the verification.
- Any additional documents (medical report, exam results, etc.) supporting your request.

Please send this fully completed Treatment Guarantee Form along with all supporting documentation at least five working days before treatment by email to: apple.helpline@e.allianz.com

We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.

If you have any queries please contact us:

Helpline : + 353 1 630 1301 or email: apple.helpline@e.allianz.com

For our latest list of toll-free numbers, please visit: www.allianzcare.com/en/pages/toll-free-numbers.html

Dedicated member hub: www.allianzcare.com/en/group-hub/Apple.html