Allianz Care Services acting on behalf of Allianz Private Krankenversicherungs-AG

TREATMENT GUARANTEE FORM

You can also complete this form online at: www.allianzcare.com/en/business/insurance-products-and-services/regional-healthcare/germany.html. 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 1 514 8456**) 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.

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

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	
Mr. Mrs. Ms. Miss Other	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 patie	nt (e.g. self, spouse/partner, parent)	
Telephone	COUNTRY AREA CODE CODE	
Mobile telephone	COUNTRY AREA CODE 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	D	D	М	М	Y	Y	Y	Y	

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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.

The insurer of this policy is Allianz Private Krankenversicherungs-Aktiengesellschaft.

Chairperson of the Supervisory Board: Dr. Manfred Knof.

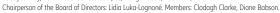
Board of Management: Nina Klingspor (Chairperson), Daniel Bahr, Dr. Klaus Berge, Dr. Jan Esser, Kaan Günay, Dr. Thomas Wiesemann.

VAT Registration Number: DE 811 239 569.

Financial and insurance services are VAT exempt as per the VAT Directive.

Registered Office: München. Commercial Register: Amtsgericht München HRB 2212.

Allianz Partners and Allianz Care are registered business names of AWP Health & Life Services Limited. AWP Health & Life Services Limited provides certain administration services and technical support for this policy such as claims processing, policy administration and helpline inside and autside of Germany. AWP Health & Life Services Limited is a limited liability company registered in Ireland, Registered Number: 509216, Registered Office: 15 Joyce Way, Park West Business Campus, Nangar Road, Dublin 12, Ireland.



• If additional treatment is required, Allianz Care Services must be notified.

If you have any queries please contact us:

• Please note that all invoices should be submitted within 60 days of patient discharge. However, where we have agreed special arrangements with the medical provider, these arrangements will apply.

Condition			
Description of the condition, signs and symptoms			
Underlying cause (if known)			
Date this condition was first diagnosed	DD/MN	И / Ү Ү Ү	(Y
Date of first attendance for this condition	DD/MN	И / ҮҮҮ	′ Y
On what date would the first onset of symptoms have been apparent to the patient?	DD/MN	И / Ү Ү Ү	(Y
Diagnosis (if unknown, please state provisional diagnosis)			
ICD9/10 DSM-IV DRG			
Please also provide the following details for maternity cases			
Date pregnancy confirmed by doctor			
Expected or actual date of delivery D D / M M / Y Y Y			
Is birth of a single baby expected? Yes No			
If No, is the pregnancy a result of medically assisted reproduction? Yes 🗆	No 🗆		
Delivery method			
Treatment			
Planned procedure/treatment			
Planned admission date DD/MM//YYYY			
For treatment in the USA/UK			
CPT code(s) CCSD code(s)			
Description			
Costs			
Estimated length of stay $night(s) \Box / day(s) \Box$ (tick as appropriate)			
Is a package price being offered? Yes No If Yes , please state the price	ce offered incl. curr	rency:	
If No, please provide a breakdown of estimated costs: Hospital charges	Doctor/anae	sthetist fees	Total estimated costs incl. currency
Medical provider details			
Hospital/facility name			
Address (including country)			
Email (mandatory)			
Telephone (incl. country and area codes)			
Fax (mandatory) (incl. country and area codes)			
			Attending/admitting doctor
Referring	doctor		
Name	doctor		
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Helpline : + 353 1 514 8456 or email: pkv.helpline@allianzworldwidecare.com

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