

# TREATMENT GUARANTEE Form

For your convenience, this (editable PDF version) form is available on our website: [www.allianzworldwidecare.com/lebanon](http://www.allianzworldwidecare.com/lebanon)

Failure to complete this form fully will delay our ability to guarantee your treatment as we may have to revert to you or the medical provider for further information.

The patient's policy must be in force at the time of treatment. Please be advised that guarantee of payment is subject to the terms and conditions of the insurance policy and also subject to the assessment of all relevant documentation received, or yet to be received, by Allianz SNA or its appointed representatives in respect of this medical condition.

Treatment Guarantee is not required in advance of **emergency treatment**, however either you, your physician, one of your dependants, or a colleague need to inform us about the hospital admission **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 many details 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

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.**

## 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  /  /

## CONTACT PERSON please specify who should be contacted 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  AREA CODE

Email

## WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we Allianz Care, the administrators (data processors) acting on behalf of your insurer, protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: [www.allianzworldwidecare.com/en/privacy](http://www.allianzworldwidecare.com/en/privacy). Alternatively, you can contact us on +961 5 422000 (when calling from inside Lebanon) and on + 353 1 630 1301 (when calling from outside Lebanon) 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 e-mail at: [AP.EU1DataPrivacyOfficer@allianz.com](mailto: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 relating to me, if requested by Allianz SNA, its medical advisers, 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  /  /

## WE NEED YOUR CONSENT

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

The insurer of this policy is Allianz SNA s.a.l., registered in Lebanon in the Insurance Companies Register under No. 104, dated 3.23.1963 (as per decree No. 177/1 and subject to Legislative decree No. 9812 dated 5.4.1968 MOF 4698). Address: Allianz SNA Building Hazmieh, P.O. Box 16-6528, Beirut, Lebanon.

The policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. The Irish Branch is registered in the Irish Companies Registration Office with No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA acts as the reinsurer and provides administration services and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.



- If additional treatment is required, Allianz SNA or its appointed representatives must be notified.
- Please note that all invoices should be submitted within 60 days of patient discharge. Where special arrangements have been agreed between us and 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  /  /  Date of first attendance for this condition  /  /

On what date would the first onset of symptoms have been apparent to the patient?  /  /

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  /  /

Is birth of a single baby expected? Yes  No  If No, is the pregnancy a result of medically assisted reproduction other than artificial insemination? Yes  No

Delivery method

**Treatment**

Planned procedure/treatment

Planned admission date  /  /

**For treatment in the USA/UK**

CPT code(s)  CCSD code(s)

Description

**Costs**

For treatment in Germany (DRG) please confirm Base Price (Basisfallpreis)

Estimated length of stay  night(s)  / day(s)  (tick as appropriate)

Is a package price being offered? Yes  No  If Yes, please state the price offered incl. currency:

If No, please provide a breakdown of estimated costs: Hospital charges  Physician/anaesthetist fees

Total estimated costs incl. currency:

**Medical provider details**

Hospital/facility name

Address (including country)

Email (mandatory)

Telephone  COUNTRY CODE  AREA CODE

Fax (mandatory)  COUNTRY CODE  AREA CODE

**Referring physician**

Name

Email (mandatory)

Telephone (incl. country and area codes)

Fax (mandatory, incl. country and area codes)

**Attending/admitting physician**

Name

Email (mandatory)

Telephone (incl. country and area codes)

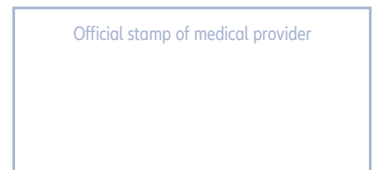
Fax (mandatory, incl. country and area codes)

**Please sign, date and authenticate with an official stamp.**

I confirm that all the details given in this form are, to the best of my knowledge, true, accurate and complete.

Doctor's signature

Date  /  /



**PLEASE SEND THIS FULLY COMPLETED TREATMENT GUARANTEE FORM (FOR ASSISTANCE WITH TREATMENTS OUTSIDE LEBANON, EVACUATIONS AND REPATRIATIONS) AT LEAST FIVE WORKING DAYS PRIOR TO TREATMENT BY:**

- Email to: [medical.services@allianzworldwidecare.com](mailto:medical.services@allianzworldwidecare.com) or
  - Fax to: + 353 1 653 1780 or
  - Post to: Medical Services Department, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.
- 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: + 353 1 630 1301  
[client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)  
 For our latest list of toll-free numbers, please visit: [www.allianzworldwidecare.com/toll-free-numbers](http://www.allianzworldwidecare.com/toll-free-numbers)