

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 with pharmacy direct billing service, please read the following introductions and complete the claim forms.

1、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			

2、代配药服务温馨提示 Warm Tips 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 about this service, please pay attention to the below information.

1. 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.

2. 服务针对的客户：仅对有门诊直结服务的客户提供代配药服务。

Service object: Pharmacy direct billing service is only for member who is effective and has outpatient direct billing benefits.

3. 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）、中草药不提供代配药服务。

Service contention: Pharmacy direct billing only provide OTC medicines and double-tract system prescription medicines delivery. Single-tract system prescription medicines (including psychiatric drugs, antibiotics, insulin, biological, hypnotics and narcotic, etc.) and Chinese herbal medicine could not be provided.

4. 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 is only for chronic illness which need long term to take medicine for control.

5. 温馨提示 Kindly reminder :

- i. 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 safety, pharmacy direct billing service only provide for member who has stable medical condition and needs stable medicines, which have already been taken for more than 3 months. Please visit doctors if you have **any discomfort**.

- ii. 申请材料准备 The materials needs for this service:

- a. 相关医学资料、病历处方（药物用法、用量）。

Related medical records and prescriptions.

- b. 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）。

Completed claim form with your delivery address and contact information (Email address and phone number).

- iii. 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.

- iv. 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.

3、被保险人授权及声明书 Authorization and declaration of the insured

个人声明 Individual Declaration

1. 本人确认理赔申请书上所填写的内容真实详尽。I declare that all information provided on this Claim Application Form and the documents submitted with it are true and accurate to the best of my knowledge.

2. 本人同意将本次理赔申请的保险金转入本次申请确认的本人银行账户或授权的第三方银行账户，由该账户所有人代为领取保险金，因本人或申请人过错导致转账错误、转账不成功、未及时或未全额收取理赔款的，贵公司不承担责任。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.

3. 本人同意：从本次理赔的合理保险给付金中，扣除尚未偿还的不属于保险责任范围但保险公司已为本人向医院和药房垫付的医疗费用。I agree that the medical expenses that Ping An Health has already paid to the medical providers, and which are not covered by my insurance policy, will be deducted from the benefit payment for this claim.

个人客户信息授权声明 Clauses on Individual Information Authorization

1. 为准确识别本人投保信息之所需，本人同意并授权平安健康保险股份有限公司（下称“平安健康保险”）收集申请人/投保人/被保险人的姓名、证件类型、证件号码、手机号、身份证影像等必要信息用于身份核验。I agree and authorize Ping An Health Insurance Company of China, Ltd. (hereinafter referred to as "Ping An Health") to collect necessary information such as **name, ID type, ID number, mobile number, ID card copy of the claimant/ policy holder/ the insured**, for the purpose to accurately identify my insurance information.

2. 为申请代配药服务之所需，本人同意并授权平安健康保险及其合作的药店收集、共享被保险人的代配药申请相关信息，这些信息包括：**被保险人身份证影像件、半年内的用药就医病历、药品对应处方**。为进行药品配送服务之所需，本人同意并授权平安健康保险收集**本人的联系地址和收件信息**，并与第三方物流公司共享。I agree and authorize Ping An Health and its partner pharmacies to collect and share relevant materials of the insured's claim application, including but not limited to **ID card copy, medical records of the insured and corresponding prescriptions for medications within six-months**. I also agree and authorize Ping An Health Insurance to collect **my mailing address and contact number**, and share it with a third-party logistics company, for the sake of pharmacy direct billing service.

3. 本人知晓并同意，如本人拒绝提供上述信息，平安健康保险股份有限公司将无法确认本人的身份及保单信息以完成相关代配药手续。本授权声明未尽事宜按照投保时《隐私政策》及相关附属规则予以履行。I understand and agree that, if I refuse to provide the above information, Ping An Health will not be able to confirm my identity and insurance information to complete relevant pharmacy delivery procedures. Matters not mentioned in this authorization declaration shall be performed in accordance with the Privacy Policy and relevant pertaining rules at the time of insurance application.

4. 本人保证本次代配药为亲笔签名，代父母配偶子女申请代配药已经取得授权同意代签名，如有纠纷，申请人需承担由此产生的一切法律责任。I certify that the claim form is autographed. I have obtained authorization to sign on my behalf when applying service for my parents, spouse, children. If there is a dispute, the applicant shall bear all legal responsibilities arising therefrom.

如您不同意上述授权条款的部分或全部，可〔致电客服热线（95511）〕取消或变更授权。If you completely or partially disagree with any of the above, please contact us to cancel or change your authorization.

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

【刑事责任Criminal liabilities】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。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.

【行政责任Administrative liabilities】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。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.

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

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