

## 预授权申请表 PRE-AUTHORIZATION REQUEST FORM

4006-11-7777    pre-auth@fosun-uhi.com

<b>A 被保险人信息 Member Information</b>	
姓名 Member name:	性别 Sex:      出生日期 DoB:
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 No.:	联系电话 Contact number:
电邮 Email:	保单号 Policy No.:
保险生效日期 Effective date:	保险终止日期 Termination date:
<b>B 医疗机构信息 Provider Information</b>	
医疗机构 Provider:	主治医生 Attending doctor:
地址 Address:	
就诊科室 Department:	电邮 Email:
联系电话 Contact number:	传真 Fax:
<b>C 医疗信息 (由医生填写) About the Treatment(filled by the doctor)</b>	
就诊原因 Treatment reason: <input type="checkbox"/> 疾病 Disease <input type="checkbox"/> 意外 Accident	
诊断Diagnosis:	
起病时间 Onset date:	
诊疗计划 (含手术方案) Therapeutic schedule (including surgical plan if any):	
治疗类型 The procedure will be performed : <input type="checkbox"/> 门诊 Outpatient <input type="checkbox"/> 住院 Inpatient <input type="checkbox"/> 日间 Day case	
入院/治疗日期: Admission/Treatment date	预估住院天数: Estimated length of stay
预估总费用Estimated total cost: CNY_____ /USD_____	
重要检查结果 (可附上具体报告结果代替) Important clinical findings (copy of examination reports is acceptable):	
注: 请随此表附上病历和诊断报告以证明此申请的医学必要性。Please attach any available medical records and diagnostic reports along with this form to support the medical necessity.	
<p>本人经过仔细审阅后确认上述所填内容, 答案及与之有关的资料均为本人提供且完整、确实无误, 无隐瞒或遗漏。基于预授权服务的需要, 本人谨此授权凡知道或拥有本人信息的医疗机构、行政司法机关、单位或个人, 均可将本服务有关信息资料提供给复星联合健康保险股份有限公司。</p> <p>I hereby declare that the above information is provided by myself and no material has been withheld and information given herein is true. I authorize that any medical providers, judicial administration, institute or individual that keep medical history or records or knowledge of me who I have attended or may hereafter attend to disclose such information to Fosun United Healthcare Insurance Co., Ltd. for the purpose of assessing and processing pre-authorization services.</p>	
<b>被保险人或法定监护人签名</b>	
Signature of Patient or Guardian: _____	日期 Date (YYYY/MM/DD): _____
预授权审核意见 (注: 本授权不代表理赔结论, 最终赔付情况以理赔审核结论为准)	
Pre-authorization opinion (Notice: This authorization cannot represent claim results, final payments are subject to claim audit conclusions):	
审核人 Verifier: _____	日期Date: _____
复核人 Auditor: _____	日期Date: _____
*本表格用中英双语书写, 意思表达不同之处, 以中文为准。	
*The form is written in both Chinese and English. If there is any inconsistency between the two languages, the Chinese version shall prevail.	