

事先授权表

COMPLETION OF ALL FIELDS BELOW IS REQUIRED

提交事先授权，请协助完整地填写以下表格

If not a medical emergency as defined by your policy contract, you must wait until you have a written authorization from GBG Assist before proceeding with any procedure which requiring pre-authorization. Please see your policy for a list of those procedures, or visit www.gbg.com. Otherwise, penalty co-pay will apply to your claims, the risk of claim denial and the provider may decline to offer direct billing service.

若为合同条款定义的非急诊且需要事先授权的治疗，则需在收到 GBG 授权担保函后才可进行。您可以参照条款合同或在 GBG 网站 www.gbg.com 上查看需要事先授权的治疗列表。否则，被保人需要支付相应的处罚金，并且直付网络医院可能会拒绝提供直付服务，需要您做事后理赔，且存在理赔拒赔风险。

Section A. Patient information please write legibly

就诊人信息

| | |
|---|---|
| Name (Last, First, MI) : 姓名: | Gender : 性别: |
| Date of Birth (MM/DD/YY) : 出生日期 (月/日/年) : | GBG Membership ID: 保险会员号: |
| Contact Email: 邮箱: | Phone Number: 联系电话: |
| Diagnosis, Symptom, or Complaint (medical necessity for requested procedure): 医疗诊断, 症状或主诉 (申请治疗的必要性) : | |
| Is the patient being admitted to the hospital overnight? If yes, expected number of days / duration: 是为就诊人申请住院治疗吗? (如果“是”请写明估计住院天数) : <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Inpatient days 住院天数: | |
| Procedure or treatment name: 申请治疗项目的名称: | |
| Expected date of surgery or inpatient admission: 预计手术治疗或住院日期: | MM 月/ DD 日/ YYYY 年 |
| Anticipated type of delivery (for maternity admissions only): 预计分娩方式 (仅因分娩住院填写) : | <input type="checkbox"/> Vaginal 顺产 <input type="checkbox"/> Cesarean Section 剖腹产 |

Section B. Physician information 医院信息

| | | | | |
|---|-------------|---------------------------------------|--------|--------|
| Hospital/Facility 医院/医疗机构名称: | | | | |
| Estimated cost: 预估费用: | | Physician/Surgeon Name: 内科/外科医生姓名: | | |
| Date of the injury, illness, or accident first occurred: 初次受伤, 生病, 或意外发生的日期: | MM 月/ | DD 日/ | YYYY 年 | |
| Describe how accident occurred if applicable: 如适用, 请描述意外如何发生: | | | | |
| First consultation date for this condition: 疾病初诊日期: | MM 月/ | DD 日/ | YYYY 年 | |
| Describe previous treatment(s) received for this condition, if any, including dates (ex. medicines, consult, surgery, hospitalizations): 请描述曾因此问题而接受的任何治疗, 例如药物、病史、手术、住院治疗详情和日期: | | | | |
| Physician/ Surgeon Name 主治医生/外科医生姓名: | | | | |
| Telephone Number: 电话: | | Email: 邮箱地址: | | |
| PLEASE ATTACH ANY AVAILABLE INITIAL EXAM AND/ OR DIAGNOSTIC REPORTS TO SUPPORT THE MEDICAL NECESSITY OF THIS REQUEST. 请附上检查和/或诊断证明的原件以证明此申请治疗的必要 | | | | |
| Section C. Signature of Physician 诊疗医师签名: | | | | |
| Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. 任何人明知索赔材料中包含任何不实陈述或虚假信息, 不完整或误导性信息的, 皆为犯罪行为并会根据法律得到惩处, 并可能受到民事处罚。 | | | | |
| Member's Signature 会员签名 : | Date 递交日期 : | MM 月/ | DD 日/ | YYYY 年 |

If you have any inquires on the pre-authorization, please feel free to contact us through chinapreauth@gbg.com or the following hotline or WeChat online services.

若您对事先授权有任何疑问, 您可以发邮件至 chinapreauth@gbg.com, 拨打以下热线电话或联系我司微信平台进行查询。

Greater China: 86-400-816-9300 U.S and Canada: 1-866-914-5333 Rest of the world: 1-905-669-4920
大中华地区: 86-400-816-9300 美国和加拿大: 1-866-914-5333 其他地区: 1-905-669-4920