



Direct Billing Claim Form - Part A Patient Information

直付理赔申请书 – A 部分 就诊人信息

For a claim to be valid, the following two pages (Part A and B) must be completed and submitted to MSH CHINA ENTERPRISE SERVICES CO., LTD. (hereinafter "Service Center") which is the appointed Service Provider appointed by your insurance company within 180 days after the date of service. 为确保有效理赔, A与B两部分内容必须填写完整, 并在从治疗之日后的180天之内向为您承保的保险公司指定的医疗保险服务机构万欣和(上海)企业服务有限公司(以下简称“服务中心”)提出理赔申请。

Patient Information 就诊人信息	
Member ID 会员号*:	DOB 生日*: MM月/ DD日/ YY年
Name 姓名*:	Gender 性别: <input type="checkbox"/> 男Male <input type="checkbox"/> 女Female
ID/Passport No. 身份证/护照号码:	
Tel. 电话:	Email 电子邮箱:
Ref.# (refer to insurance card): 代码 (见保险卡):	
Are you also covered by another health insurance policy? 您购买了其他的健康保险吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Name of other insurance company 其他保险公司的名称:	

Primary Insured Information 主被保险人信息	
If claim is for the Primary Insured, please do not need to fill out the Primary Insured Information. 如果理赔申请人是主被保险人, 则无需填写主被保险人信息。	
Name 姓名*:	DOB 生日*: MM月/ DD日/ YY年
Member ID 会员号*:	

<p>Anti- insurance Fraud Prompt 反保险欺诈提示:</p> <p>Integrity is the fundamental principle of insurance contract. One will undertake the following legal liabilities in case of involving in the insurance fraud: 诚信是保险合同的基本原则, 涉及保险欺诈将承担以下法律责任:</p> <p>Criminal Liabilities One engaging in the criminal activities of insurance fraud can be subject to criminal penalties, including criminal detention, fixed-term imprisonment, combined with criminal fine or confiscation of property. The appraiser and certifier of the insurance accident providing the false documentary evidences and the conditions for others to engage in the insurance fraud will be dealt with as an accomplice. 【刑事责任】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责任。 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。</p> <p>Administrative Liabilities If the insurance fraud activities can't constitute a crime, the one may be subject to the administrative penalties of 15 days of administrative detention, a fine of less than RMB 5,000. The appraiser and certifier of the insurance accident providing the false documentary evidences and the conditions for others to engage in the insurance fraud will be subject to the corresponding administrative penalties. 【行政责任】进行保险诈骗活动, 尚不构成犯罪的, 可能会受到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。</p> <p>Civil Liabilities If one fails to fulfill the obligation of disclosure on purpose or due to gross negligence or there are other insurance fraud activities, the insurer/Service Center may not pay the insurance reimbursement or benefits. 【民事责任】故意或因重大过失未履行如实告知义务, 或存在其他保险欺诈行为, 保险公司/服务中心可能不承担赔偿或给付保险金的责任。</p> <p>I hereby declare the above answers and all materials submitted by me are true and correct without false statement and gross omission. I have read and acknowledged Anti- insurance Fraud Prompt. Insurer/Service Center is entitled to refuse to pay the insurance reimbursement and pursue the corresponding legal liabilities in case of false statement or concealment. 本人声明上述填写内容, 及本人提供的一切资料均完全属实, 并无虚假或重大遗漏, 且已阅读并知晓《保险反欺诈提示》, 如有虚假或隐瞒情况, 保险公司/服务中心有权拒付保险赔偿金并依法追究法律责任。</p> <p>Our direct billing providers are not representatives of MSH CHINA. They merely provide a convenient service for our members by sending the bills direct to us for direct settlement. It is NOT their responsibility to determine if certain treatments are covered under your specific health plan, meaning that certain charges may not be covered due to reasons such as the treatment is excluded under the Policy, you've already exceed the maximum benefit for the policy year, or a policy co-pay was not paid during the visit...etc. In such cases, the hospital will charge you directly. If we have already paid on your behalf, we will ask for reimbursement from you. MSH 签约的网络医院不是MSH CHINA 的执行代表, 他们仅仅为您提供方便的医疗服务, 无法判断您的健康险计划是否能涵盖某些治疗项目。一些情况下, 因为您的保险计划不涵盖某些治疗项目或您的相关理赔费用已经达到保险年度最高上限, 您的某一保险直付医疗费用可能无法理赔。如遇此类情况, 医院将直接与您结算。如果我们已经把您的就诊费用代为支付给医院, 我们将会联系您并且请您及时退还这笔就诊费用。</p> <p>I authorize any physician, medical institution, druggist, insurance company, employer, labor union, or organization or individual to release information to the Service Center including copies of records, concerning advice, care or treatment provided to me or my dependent as is required to properly pay all benefits, if any, due me, or my dependent for this claim. I fully understand: without such information may have an effect on the benefits to which I and my dependants may be entitled. The Service Center may also be unable to process the claims of my dependants and me and serve the medical needs of my dependants and me without access to some or all of the information requested. All information collected in this process will only be used within the scope of the health policy and may not be released to any other party without the written my consent. If this claim is direct billed, I acknowledge that I am responsible for any fees that my insurance policy does not cover. A photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>为此理赔需要, 为使我、我的附属被保险人完全得到应偿付的所有保险金, 我授权任何医生、医疗机构、药剂师、保险公司、雇主、工会、机构或个人将我、我的附属被保险人就医治疗、接受护理的相关病历、病史等资料信息(包括复印件)提供给服务中心(含服务中心采用书面形式授权委托的第三方公司)。我完全理解: 无此等信息可能影响我及我的附属被保险人的保险理赔。而服务中心在无法获取此等信息情况下也可能无法处理我及我的附属被保险人的理赔及满足我及我的附属被保险人的医疗需要。服务中心在此过程中收集的所有信息只用于健康保险的范围内, 未经我的书面同意, 不会披露给任何第三方。如此理赔如属于直接付费, 我愿意承担此保险所不承担的所有费用。此授权的复印件与原件具有同等效力。</p>
<p>Patient's Signature:</p> <p>就诊人签字</p>
<p>Date 日期: MM月/ DD日/ YY年</p>



Claim Form - Part B Medical Information

理赔申请书 – B 部分 医疗信息

Please note: A photocopy of the medical record(s) from the outpatient visit(s) may replace Part B of this Claim Form. Please submit discharge summary if it is an inpatient claim.

备注：门诊病历复印件可取代理赔申请书B面信息。住院理赔请提供出院小结。

2. Medical Information - To be Completed by the Treating Physician 医疗信息 – 由治疗医师填写

Chief Complaint主诉:

The First Time you note the condition or symptom该疾病第一次发现的时间或者相关症状：

Physical Examination 体格检查:

Lab Tests and Results 化验及结果:

Other Exams and Results 其他检查及结果:

Diagnosis/Impression 诊断/印象:

Details of treatment provided 治疗措施:

Medication药物治疗 (Medication name(s) and dosage(s)药物剂量和名称)

☐ Checkup 体检

☐ Immunization 注射疫苗

☐ Therapy 理疗

☐ Acupuncture 针灸

☐ Operation手术 (Operation name and time手术名称及时间) ☐ 产检或生产 Maternity

Description of Medical Procedure 医疗费用明细

Charges 收费

Consultation fee(s) 诊疗费

Drug fee(s) 药费

Lab test fee(s) 实验室化验费

Exam fee(s) 检查费

Acupuncture fee(s) 针灸费

Therapy fee(s) 理疗费

Others 其他

Total 总计

Signature of Treating Physician 治疗医生签名:

Date 日期: MM月/ DD日/ YY年

*Please send this completed Claim Form, along with the photocopy of the patient's valid picture ID card / Passport & insurance card, original Invoice(s)/Receipt(s), photocopy of your medical record, prescription (if any) and discharge summary (for inpatient claims), to the Service Center with in 180 days.

请将此填写完整的理赔申请书及病人带照片的有效身份证件/护照和保险卡的复印件、原始发票、病历报告、处方(如果有)、出院小结(住院治疗)的复印件在180天内一起寄至服务中心。

Submit Claims to Direct Billing Claim Department • 理赔资料寄送至直付理赔部

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