



## 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. Please full fill all parts with \*, if patient is new born baby, Information related to ID document can be primary insured's.

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。以下信息标\*号为必填项，填写证件信息时，如就诊人为新生儿，可以填写主被保险人信息。

Patient Information 就诊人信息	
<b>Member ID 会员号*:</b>	<b>DOB 生日*:</b> <b>MM月/</b> <b>DD日/</b> <b>YY年</b>
<b>Name 姓名*:</b>	<b>Gender 性别*:</b> <input type="checkbox"/> 男Male <input type="checkbox"/> 女Female
Nationality 国籍:	Profession 职业:
<b>Type of ID document 证件类型*:</b> <input type="checkbox"/> Chinese ID card身份证 <input type="checkbox"/> Passport护照 <input type="checkbox"/> Mainland Travel Permit for Hong Kong and Macao Residents 港澳居民来往内地通行证	
<b>Number of ID document 证件号码*:</b>	
Period of validity of ID document 证件有效期:    MM月/    DD日/    YY年-    MM月/    DD日/    YY年	
<b>Tel. 电话*:</b>	Email 电子邮箱:
Permanent Address 常住地址:	
Relationship between the Patient and the Primary Insured 就诊人与主被保险人的关系 <input type="checkbox"/> Principal 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Children 子女	

**Anti- insurance Fraud Prompt 反保险欺诈提示:**

Integrity is the fundamental principle of an insurance contract. If engaging in insurance fraud, one will undertake the following legal liabilities: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:

**Criminal Liabilities:** Whoever commits insurance fraud is subject to criminal liability and may be sentenced to criminal detention or fixed-term imprisonment, and shall also be fined or subject to confiscation of property. The appraiser and certifier of the insurance accident who intentionally provides false documents for another person to defraud shall be regarded as an accomplice in the crime of insurance fraud and punished as such. **【刑事责任】** 进行保险诈骗犯罪行为，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。

**Administrative Liabilities:** If the insurance fraud activities can't constitute a crime, administrative penalties of 15 days of administrative detention or a fine of less than RMB 5,000, may still apply. The appraiser and certifier of the insurance accident who intentionally provides false documents for another person to defraud shall be regarded as an accomplice and is 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。

**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 reserve the right to deny coverage of the related costs. **【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。

I hereby declare the information and all materials submitted by me are true and correct without false statements and gross omission. I have read and acknowledged the 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《反保险欺诈提示》，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。

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。

I authorize any physician, medical institution, druggist, insurance company, employer, labor union, organization, or individual to release information required for the claim audit to the Service Center (including third parties entrusted in writing by the Service Center). This includes my or my dependents' doctor notes, medical history, prescriptions, or treatment plans, including copies. I fully understand, in the absence of such information, the Service Center may not be able to process my and my dependents' claims, resulting in a partial coverage or rejection. All information collected during this process will only be used for health insurance coverage purposes, and will not be disclosed to any third party without my written consent. If this claim is a direct billing claim, I acknowledge I am responsible for any fees my insurance policy does not cover. A photocopy of this authorization shall be considered as effective and valid as the original.

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，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。

I agree to entrust MSH CHINA ENTERPRISE SERVICES CO., LTD to act as my agent for this claim. The authority of the agent is to process the claim application, receive the notice of claim decision, receive the payment, and sign it, this authorization is valid until the settlement of this claim.

我同意委托万欣和（上海）企业服务有限公司就本次理赔事宜作为我的代理人，代理权限为：办理理赔申请，受理理赔决定通知，受理给付款项并签字，授权有效时间为本次理赔结案为止。

**Patient's Signature 就诊人签字:**

**If the Patient is a minor, the Claimant shall sign the signature  
若就诊人为未成年人，由申请人签字**

**Date 日期:**      MM月/      DD日/      YY年



## 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:	
<b>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:</b>	
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)	
<input type="checkbox"/> Checkup 体检	<input type="checkbox"/> Immunization 注射疫苗
<input type="checkbox"/> Therapy 理疗	<input type="checkbox"/> Acupuncture 针灸
<input type="checkbox"/> Operation 手术 (Operation name and time 手术名称及时间) <input type="checkbox"/> 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  
5F, Building 9, Lujiazui Software Park, Lane 91, E Shan Road, Pudong, Shanghai, P.R.C 200127  
上海浦东峨山路91弄陆家嘴软件园9号楼北塔5层 邮编: 200127  
Tel: +86 21 6187 0220 • Fax: +86 21 6160 0208 • Email: networkclaims@mshasia.com