

One form must be completed for each patient, for each medical condition treated.

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Please complete the claim form with Claimant's signature, you also need to provide the below materials:

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- Original invoice (Fapiao) and charge breakdown (Medicines, exams, treatments and other expenses)  
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- Complete medical records, including but not limited to Outpatient medical record, medical prescription, exam report. Please submit discharge summary if it is an inpatient claim.  
VkiyZbTOSbU4
- A copy of the payee's valid passport/ID card if the claim amount is over RMB10,000, USD 1,000 or equivalent.  
36P 0 0 0

Please note Aetna International is not responsible for any costs associated with the completion of this form or for any further information/document requested by Us to assess Your claim. The issuing of this Claim Form is in no way an admission of liability.

Aetna International 1n66U7

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### 1. Patient Information – Must be completed 00 54cd

Policyholder Name 00	Policy Number 0'0
Patient's Full Name 0 0	Patient's Member ID ktZ
Patient's Date of Birth 0 0	Relationship Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
Does the patient hold any other health insurance? No Yes <input type="checkbox"/> <input type="checkbox"/>	Other Carrier Name 0'0
Other Insurance Policy Number 0Z	Policy Holder Name 0'0

Please submit the relevant documents for the details if you get the reimbursement from other insurance for this claim submission.

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**If the claim amount is above RMB 10,000, or in case the claim amount is in non-RMB currencies, for any claim amount above USD 1,000 or equivalent, please complete the following information of the payee, otherwise it may result in claim processing delays.**

Patient's name āA	Nationality Nf	Occupation 0
Type of ID 0	ID Number ZA	ID Expiration Date (dd/mm/yy) 0 0 0 0
Mailing address 0	ZIP code ZA	Mobile number ZA

Note 0y For patients' age under 18, please fill in Appendix A. 0 18 0 A

### 2. Contact Information – Must be completed 0

Contact Name 0	Email Address 0
Mobile Number 0	

### 3. Declaration – Must be completed

I declare that all information, to the best of my knowledge, provided on this Claim Form is truthful and correct. I also understand that this declaration gives permission to my insurance company and their appointed representatives to approach any third party for information required to complete their assessment of this claim including, but not limited to, my current and previous Medical Practitioners. I declare and agree that personal information may be collected, held, disclosed, or transferred (worldwide) to any organisation within my insurance company, its suppliers, providers and any affiliates. I declare that I have read and agree to the Data Protection section in the Handbook.

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If the chosen settlement currency is not RMB, I authorize my insurance company to purchase foreign exchange for claim reimbursement up to the policy benefit maximum. 0'0 0'0 0

For Direct Billing case or guaranteed case which the medical treatment received in the pre-appointed provider, I hereby authorize the provider or pre-appointed third party to directly bill my insurance company which should make payment of any benefit payable to the provider or pre-appointed third party.

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Patient's/applicant's Signature

Date

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(If patient is under 18 years of age, Parent or Guardian must sign, and signer must be our insured member.)

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**4. Summary of Payment Details – Must be completed 付款信息概述 (必须填写)**

**Recurring Reimbursement Election 付款信息使用方式:**

Receive future payments using the details provided below 通过以下具体信息收取未来付款

Use the payment details that we already have on file for you 使用我们已经为您备案的付款信息

Please indicate your preferred payment currency (If treatment was received in mainland China, RMB policy can only be reimbursed in RMB and USD policy can only be reimbursed in USD. If none is indicated, the default currency of RMB policy is RMB and the default currency of USD policy is USD.)  
请说明您首选的付款货币 (如果在中国大陆境内接受治疗, 人民币保单只能赔付人民币, 而美金保单只能赔付美金。  
如果没有具体说明, 人民币保单默认货币将为人民币, 而美金保单默认货币将为美金)

RMB bank account 人民币帐户       Non-RMB bank account 非人民币帐户

Account Name      Account Number/IBAN Number  
银行账户持有人姓名: \_\_\_\_\_ 银行账号/IBAN 帐号: \_\_\_\_\_  
Bank Name & Branch Name      BIC Code / Swift / Routing / ABA / IFSC  
银行名称 (含支行名称): \_\_\_\_\_ BIC 编码 / Swift / Routing / ABA / IFSC: \_\_\_\_\_  
Bank Address (include Country)  
银行地址 (包括国家): \_\_\_\_\_

**5. Claim Information 索赔信息**

Dates of Services 医疗服务日期	Provider's (physician, clinic, hospital, pharmacy, dentist) Name and Address (If the provider's name and address is on receipts, write "see receipts") 服务提供者 (医生、诊所、医院、药店、牙医) 的名称/姓名和地址 (如果收据上有服务提供者的名称/姓名和地址, 请填写“见收据”)	Description of Service/ Name of Medication/ Device (If hospital, state Inpatient, Day Case or Outpatient) 服务明细/药品/设备名称 (如果在医院治疗, 请说明是住院治疗、日间留院或者门诊治疗)	Diagnosis (Reason for visit) 诊断 (就诊原因)	Country of Claim 费用发生国家	Currency of Claim 发生费用的货币	Total Charge 收费总额

**6. Medical Information 医疗信息 (To be completed by Provider, not necessary if medical certificate is submitted 由医疗服务提供者填写, 如提交病历则无须填写)**

1. Details of Medical Condition or Diagnosis  
疾病症状或诊断 \_\_\_\_\_

2. Underlying Cause  
主要病因 \_\_\_\_\_

3. When did the symptoms first arise (dd / mm / yyyy)  
症状初次发现时间 (日/月/年) \_\_\_\_\_

4. Is further treatment required?  Yes     No  
是否需要继续治疗?       是       否  
If yes, please provide treatment plan or others  
如果需要, 请提供诊疗计划或其他补充信息 \_\_\_\_\_

5. If this visit included diagnostic procedures, other treatments or medicines, please provide results, reports or prescriptions  
如果就诊内容包括检查、治疗或者配药, 请提供相应的诊断结果、报告或者处方 \_\_\_\_\_

医生签名 Practitioner's Signature      公章 Official Stamp


日期(日/月/年) Date(dd/mm/yyyy)

电话 Telephone

电邮 Email

**7. How to submit a Claim 如何提交理赔申请**

- Postal Submission 邮递至:  
Aetna (Shanghai) Enterprise Services Co., Ltd., Attn: Claim Dept. A09, 35F, Ping An Riverfront Financial Center, 757 Mengzi Road, Shanghai 200023    Tel: please refer to the number at the back side of your membership card. 安态 (上海) 企业服务有限公司 理赔部(收)  
上海市黄浦区蒙自路757号平安滨江金融中心35楼A09室, 邮编 200023 电话: 请参照会员卡背面电话号码



微信线上理赔 Claim via WeChat

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