

Outpatient Treatment

1. Please go to Public Hospital, Normal Department.

No international service, special need service, no rehabilitation department, no plastic department.

2. Medical records: Every time you go to hospital, you must ask doctor to write medical records for you.

Please use one whole part of your name on your passport to register. For instance, your name is James Bond, just use James or Bond to register.

3. Claim conditions Introduction:

➤ Specific introduction of each condition:

- i. **Daily Limitation 600RMB:** Within the insurance period, the daily limit for outpatients is RMB600. If the daily medical expenses and cost is more than RMB600, the Insurer only cover RMB600 per day. If daily medical cost not exceed the daily limit, the actual cost shall be used for calculation.
- ii. **Starting-line 650RMB & Copayment 15%:** For medical expenses exceeding the starting line of RMB650, their remaining amount after deducting RMB650 will be reimbursed at a percentage of 85, and the accumulative payment shall not exceed the limit of RMB20000.

➤ Example:

For instance, you spent 800RMB in July 1st, 600RMB in July 2nd, 200RMB in July 3rd, then these expenses would be calculated as follows:

$$\text{Calculation equation: } \{ (600+600+200) - 650 \} * 85\% = 637.5$$

(Note: The exact number of reimbursement result also depends on the materials you submitted.)

4. List of claim needed materials:

- a. **Copy of your passport**
- b. **All valid original invoices.**
- c. **All the medical records (Per invoice should have corresponding medical record.)**
- d. **Bank account information** (You are required to go to the bank with your passport and debit card, ask the staff there to print the account information for you. The information should include: account name, account number and sub-branch name.)
- e. **Contact Information** (Please write your contact number and e-mail address on a piece of paper. You are also suggested to provide contact information of the International Students Office or phone number of your teacher.)

5. Post address: 收件人: 来华项目组,
北京市西城区金融街 23 号平安大厦 9 层,
电话: 400-810-5119

疾病门诊就医指导

1. 就医时请选择公立医院，普通科室。

私立、合资医院、特需、国际门急诊、外宾病房、VIP 病房、医疗整形美容科、康复科、干部病房、包间、单间、包床、挂床等情况不能理赔报销。

2. 每次就诊时，务必提醒医生书写详细的就诊记录/病历。

收费发票日期与门急诊病历所记载的就诊日期一致，且发票和病历上姓名与护照姓名中某个字段一致，不一致时到医院收费处变更或找留办老师开具《姓名证明》，发票为中文名的，《保险理赔申请书》上须标注中文名。

3. 疾病门诊理赔规则介绍：

➤ 疾病门诊理赔规则介绍：

- i. **日限额 600RMB**：若当日医疗费用超日限额的只能按 600 元计算，当日医疗费用未超 600 元限额的按实际发生金额计算。
- ii. **起付线 650RMB & 学生自付比例 15%**：在日限额的基础上累计达到 650 元（起付线）以上的部分保险人按照 85%的比例予以赔付，累计给付保险金额以 20000 元为限。

➤ 例子：

例如，7 月 1 日，您的花费是 800 元；7 月 2 日，您的花费是 600 元；7 月 3 日您的花费是 200 元；

$$\text{计算公式：} \{ (600+600+200) - 650 \} * 85\% = 637.5$$

（注：具体赔付多少需提交理赔文件进行审核后出结果。注保存起付线一下疾病门诊的全部医疗文件，超过起付线后可申请理赔，理赔时须一并提交。）

4. 需提交理赔资料清单：

- a. **护照首页复印件**
- b. **所有有效发票原件**
- c. **所有病历**（每张发票须有对应病历。）
- d. **银行账户信息**（请携带护照和银行卡去银行打印客户信息表，该表内容需包括，准确的户名、卡号、银行名称）
- e. **联系方式**（请写明您的联系电话和邮箱地址，并建议提供留学办公室或负责老师的联系电话。）

5. **理赔资料快递地址：** 收件人：来华项目组，
北京市西城区金融街 23 号平安大厦 9 层，
电话：400-810-5119