

深圳中智经济技术合作有限公司

商业综合医疗保险手册

(2014 版)

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☑商业医疗保障利益简表 Commercial health insurance benefits summary table

FM-C 方案(外籍人子女)

Benefit Item	limit	保障内容 benefit introduction
团体重大疾病保险 Critical Illness Hospital Income	10 万元	<p>经指定或者认可医疗机构确诊初次罹患重大疾病，按照保险金额赔付：新投保人员 30 天内（含 30 天）10%赔付，30 天后全额赔付；续保人员全额赔付。</p> <p>If a insured member is first diagnosed by the appointed or recognized hospital to have a critical illness, the company will pay the insurance benefits for the critical illnesses according to the insurance amount, if it is in 30 days (including 30 days) after the Coverage Effective Date, the newly insured will be paid 10% of total insurance amount; if it is more than 30 days, he(she) will be paid for in total amount. The renewed will be paid in total amount in these two kinds of situation.</p>
团体医疗 保险特约 (门诊、住院) Group medical insurance (clinical hospitalization)	门诊 2 万 Clinical 住院 2 万 hospitalization	<p>门诊：因疾病或者意外导致的符合社保报销要求的合理门诊费用无免赔，按 60%的比例报销；</p> <p>住院：在指定或认可的医疗机构住院发生的符合社保范围的合理费用，60%赔付。</p> <p>以上门诊及住院赔付总额以个人保额为限；</p> <p>Clinic: reasonable clinical treatment expenses complying with the local social fundamental medical insurance regulations at where the insurance is applied incurred by illness or accidental injury of the insured and treated at hospitals, no deduction, 60% reimbursement</p> <p>Hospitalization: reasonable expenses complying with the local social fundamental medical insurance regulations in the appointed or recognized hospital, the company will pay 60% of the rest part after the payoff the planned fundamental social medical insurance fund..</p> <p>The total amount payable for any losses resulting from clinical、hospitalization and maternity shall not be more than 100% of the Insurance Amount.</p>
意外身故伤残 Accident Death& Disability due to accident	10 万元	<p>因意外导致身故，按保额给付身故保险金。因意外导致残疾，根据残疾程度按比例赔付保险金。</p> <p>Reimbursement of AD&D amount in the case of death and disability caused by Accident.</p>
意外医疗 Accident Medical Expense	1 万	<p>因意外导致合理的符合社保报销范围的门诊或者住院医疗费，按 100%比例报销，无免赔额。</p> <p>If the Insured suffers accidental injury and requires medical treatment in a hospital, the Company will pay the Hospitalization Medical Benefit,100% reimbursed up to maximum ¥ 10000 totally.</p>

温馨提示： 相关的赔偿细则以保险合同条款为准。

Warm Tip: Please refer to the provisions in the insurance contract.

☑ 责任免除: Exclusions & Limitations

因下列情形之一造成被保险人支出的医疗费用，保险公司不承担给付保险金责任：

As a result of one of the following situations caused by the insured medical expenses, insurance companies do not pay insurance premiums to assume responsibility for:

(1) 被保险人健康护理等非治疗性行为，各种预防、保健性、疗养、静养或特别护理的诊疗项目：如各种疫苗预防接种、足部反射推拿疗法、健身按摩等项目；

Injury resulting from involvement in illegal activities, violation of the law or resistance to arrest;

(2) 被保险人患法定传染病、艾滋病及感染艾滋病毒期间、精神病、精神分裂症、心理咨询及心理门诊治疗；

The insured is infected with STD, AIDS or HIV; Psychosis, schizophrenia, cancer, any pre-existing illness or any other disease excluded in the policy

(3) 被保险人变性手术、人体试验、人工生殖、避孕和绝育手术、不孕不育症、性功能障碍的诊疗项目；

Pregnancy, abortion, childbirth, infertility; birth control measures or sterilization;

(4) 被保险人投保前所患未治愈疾病（恶性肿瘤、心脏病（心功能不全II级以上）、心肌梗塞、白血病、高血压病（II期以上）、肝硬化、慢性活动性肝炎、慢性阻塞性支气管炎疾病、脑血管疾病、慢性肾脏疾病、糖尿病、再生障碍性贫血、先天性疾病、精神病或者精神分裂、癫痫病、法定传染病、艾滋病、性病）及已有残疾的治疗和康复；

The insured before the insurance is not suffering from curable diseases (cancer, heart disease (heart failure class II and above), myocardial infarction, leukemia, hypertension (II for more than three), liver cirrhosis, chronic active hepatitis, chronic Obstructive bronchial diseases, cerebrovascular disease, chronic kidney disease, diabetes, aplastic anemia, congenital diseases, mental illness or schizophrenia, epilepsy, a statutory infectious diseases, AIDS, sexually transmitted diseases) and have treatment and rehabilitation of disabled;

(5) 被保险人在非指定或者认可的医院治疗；非协议约定的急诊情况的费用；

Any dental treatment or surgery unless necessitated by injury caused by an Accident; or any dental restoration or prosthetics due to whatever reasons;

(6) 被保险人屈光、验眼配镜、助听器装配、装配假眼、假肢、近视和斜视眼的矫形术等；

Any general physical or medical check-up, convalescent care, special nursing care or custodial care, rehabilitation care, non surgical or medical treatment;

(7) 各种医疗鉴定项目：如劳动能力鉴定（职工劳动、工伤、职业病诊断鉴定），精神病人的司法鉴定，医疗事故鉴定，各种验伤费等；

Injury caused intentionally by the Policyholder, or the Insured Member himself;

(8) 被保险人因患梅毒、淋病、尖锐湿疣、疱疹、阴虱、软下疳、淋巴肉牙肿、非淋菌性尿道炎（包括支原体、衣原体阳性）、非淋菌性宫颈炎及阴道炎（包括支原体、衣原体阳性）等疾病而引起的医疗费用；

The insured person suffering from syphilis, gonorrhea, condyloma, herpes, pubis, chancroid, lymphatic WG, NGU (including mycoplasma, chlamydia positive), vaginal

and cervical nongonococcal Yan (including mycoplasma, chlamydia positive), and other diseases caused by medical expenses

(9) 各种健康体检项目、疾病普查；检查、治疗、用药与诊断疾病不符的；无相关主述、疾病诊断的病史，直接配药和取药的；代配药、外配药；

Insured Member suffers from AIDS or infected by Human Immunodeficiency Virus (HIV) (The definition of such conditions shall be based on the definition provided by the World Health Organization. Infection shall be deemed to have occurred if blood tests indicate either the presence of any HIV or antibodies to HIV);

(10) 索赔时未同时提供电脑打印的费用明细清单或盖收费章注明药品价格处方方的；持手写发票（非电脑打印发票）索赔的；

claims not provide details of the cost of computer print a list of charges or cover chapter marked with the prescription drug prices; holding hand-written invoices (non-computer print invoices) claims;

(11) 各种美容、整形项目：如皮肤色素沉着、痤疮、面膜，疤痕美容、激光美容、脱痣、祛除纹身、除皱、祛雀斑、开双眼皮、治疗白发、治疗秃发、植发、脱毛、隆鼻、隆胸、穿耳洞等项目；

all kinds of beauty, plastic items: such as skin pigmentation, acne, facial mask, the scars of beauty, beauty laser, the mole off, eliminate the tattoos, wrinkles, remove freckles, the double-fold, the treatment of white hair, baldness treatment , Hair, hair removal, rhinoplasty, breast augmentation, and other projects Chuaner Dong;

(12) 矫形、视力矫正手术、美容、因手术所致医疗事故、非意外伤害事故所致的整容手术；被保险人未遵医嘱，私自服用、涂用、注射药物；

Orthotherapy, vision correction operation, plastic operation, medical accident caused by any operation, or cosmetic surgery caused by any accidental injury; The insured takes, applies or injects any medicines without the permission of his/her doctor;

(13) 矫形治疗：如腋臭、口吃、牙列不整、口腔修复、口腔正畸、口腔保健、口腔美容、鼻鼾手术（呼吸窘迫症除外）、平足等项目；

orthopedic treatment: If the odor, stuttering, not the whole dentition, dental, orthodontic, oral health, oral cosmetic, surgery Bihan (with the exception of respiratory distress syndrome), flatfoot, and other items;

(14) 被保险人因任何原因所致的洗牙、洁齿、种植牙、牙移植、义齿修复（包括桩冠、套冠、安装义齿）、镶牙、牙体缺损修复、烤瓷牙等发生的医疗费用；

While the Insured Member is riding on any aircraft or aerial device (except as a passenger on commercial airlines);

(15) 被保险人在中国境外、台湾、香港、澳门地区发生的医疗费用；

While the Insured Member is diving, water-skiing, snow-skiing, roller skating, skate boarding, on a foot scooter, paragliding, parachuting, rock climbing or exploration activities;

(16) 投保人或受益人对被保险人的故意行为；

The policyholder kills or injures the insured voluntarily;

(17) 被保险人的犯罪或拒捕行为；

The insured commits a crime or suicide, resists arrest

(18) 被保险人殴斗、醉酒、自杀、故意自伤及服用、吸食、注射毒品；

The insured fighting, drinks excessively, or inflicts injury to him/herself voluntarily; or takes or injects drugs;

(19) 被保险人受酒精、毒品、管制药物的影响而导致的意外；

The insured drinks excessively, or takes or injects drugs;

(20) 被保险人酒后驾驶、无照驾驶及驾驶无有效行驶证的机动车辆;

The insured drives under the influence of alcohol or without a valid driving license; the driving license does not apply to the vehicle the insured drives; or the vehicle does not have a valid license;

(21) 被保险人从事潜水、滑水、漂流、滑雪、跳伞、攀岩运动、探险活动、武术比赛、摔跤比赛、特技表演、赛马、赛车等高风险运动;

The insured participates in diving, parachute, rock climbing, adventure, martial art competition, wrestling competition, acrobat performance, horse racing, motor racing, or any other high-risk sport;

(22) 被保险人从事高空中飞行工作(以旅客身份乘搭由航空公司或注册商业公司拥有和控制的注册航班机除外);

The Insured Person engaging in air travel, except as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern;

(23) 战争、军事行动、暴乱或武装叛乱;

War (declared or not), military action, unrest, armed revolt, or terrorist action;

(24) 核爆炸、核辐射或核污染;

Nuclear explosion, nuclear radiation or nuclear pollution

(25) (各省市医疗保险管理部门规定的(含公费和劳保)不予结算的医疗费用或正在执行的自费项目和药品部分的费用;

Provincial and municipal health insurance provided for management (including labor and public funds) are not settled or are in the implementation of the medical costs of the project at their own expense and the cost of some drugs;

☒ 申请理赔应备文件 The documents for claims application

申请类型 Application Type	应备文件 Documents Required	1.理赔申请书Claims application book 2.保险单Insurance policy 3.被保险人身份证明 Identification paper of the insured 4.诊断证明/出院小结/住院病历 Diagnosis certificate/discharge summary /admission note 5.医疗费用原始发票、明细及清单 Invoices/particulars/detailed list for medical expenses 6.门/急诊病历/手册/处方 Clinic/emergency case history/handbook/ prescription 7.病理及其它各项检查报告 Pathological report and other examination report 8.伤残鉴定书 Disability Certificate 9.意外事故证明(若是交通事故需提供交通事故责任认定书;被保险人是驾驶者,还需提供驾驶证和行驶证正副本复印件;若是工伤事故须提供相关单位的工伤
疾病门诊 Disease Clinic	1.2.3.5.6.7.12	
疾病住院 Disease Hospitalization	1.2.3.4.5.7.12	
意外伤害门诊 Accidental injury Clinic	1.2.3.5.6.7.9.12	
意外伤害住院 Accidental injury Hospitalization	1.2.3.4.5.7.9.12	
重大疾病 Critical Illness	1.2.3.4.7.12	
伤残 Disability	1.2.3.4.7.8.9.12	

身故 Death	1.2.4.7.9.10.11.12	<p>证明等) Accident proof(if it is a traffic accident,the liability protocol should be provided;if the insured is a driver, the original and copy of the driving license and the permiso de circulacion should be provided; if it is an accident work injury, the proof issued by related company should be provided, etc.)</p> <p>10.死亡证明书、户口注销证明、殡葬证明 Death certificate, Hu Kou cancellation proof, funeral proof</p> <p>11.用以确定申请人身份的相关证明(见注解) Related certificates used to prove the identity of applicant (see “note”)</p> <p>12.委托授权书（受益人本人亲自办理除外） Certificate of authorization (except for the beneficiary who manages in person)</p>
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注：

1、当申请人为被保险人、受益人本人时，须提供申请人本人身份证明；当申请人为无民事行为能力或限制民事行为能力人时，需提供该申请人为无民事行为能力或限制民事行为能力的证明；当申请人为监护人时，需提供该申请人具有合法监护权的证明；当申请人为继承人时，需提供该申请人具有合法继承权的相关证明。

Note:when the applicant is the insurant or beneficiary, the ID card should be provided; if the applicant suffers the Civil Disability or with the limited capacity for civil conduct, the relevant certificate should be provided; if the applicant is the guardian, the legal guardianship certificate should be provided; if the applicant is the inheritor, the legal inheritance certificate should be provided.

2、以上理赔应备文件为申请人索赔时的指引，我司有权根据具体案情与保险合同要求申请人提供其他证明保险责任的相关资料。

The above documents required for claims application provide guidance services for the applicant; according to specific case and the insurance contract, our Company reserves the right to require the applicant to provide other related materials used for proving insurance liabilities.

商业医疗索赔申请书

以下栏目由申请人填写

Medical applications for claims

被保险人 Insurant	张三	性别 Sex	<input checked="" type="checkbox"/> 男 M	<input type="checkbox"/> 女 F	年龄 Age	10
ID card 身份证号码	42082319800507	Telephone NO.个人联系电话	13823000000000		这是 It's	<input checked="" type="checkbox"/> 首次索偿 claim for the first time <input type="checkbox"/> 再次索偿 claim again
单位名称 Unit Name:	深圳中智经济技术合作有限公司		家庭地址 Family address		深圳市罗湖区宝安南路 28 号	
理赔类型 Types	<input checked="" type="checkbox"/> 门诊医疗 <input type="checkbox"/> 住院医疗 <input type="checkbox"/> 住院津贴 <input type="checkbox"/> 重大疾病 <input type="checkbox"/> 意外/疾病身故 <input type="checkbox"/> 其他 <input type="checkbox"/> Clinic <input type="checkbox"/> Hospitalization <input type="checkbox"/> In-patient subsidy <input type="checkbox"/> Accidental disability <input type="checkbox"/> Accidental death <input type="checkbox"/> Death due to illness <input type="checkbox"/> Others					
申请人（被保险人）填写 Applicants (Insurants) fill out					保险公司填写 Insurers Fill out	
就诊日期 Date of Visit	就诊地点 Hospital	就诊原因 Descriptions	收据（张） Receipt (sheets)	申报金额（元） The Amount (Yuan)	审核金额（元） Audited Amount (Yuan)	理赔原因 Claims Reason
2013.1.29	北大医院	感冒	2	185		
2013.1.30	市二医院	咽喉	4	265		
2013.2.1	北大医院	发烧	2	100		
共计：就诊次数（3）次；申报金额（550）元；收据（8）张 Total: No. of Visit (3) Times; The amount (550) Yuan; Invoice (8) Sheets						
银行开户 行 Bank	建设银行深圳分行长城支行		户主 Holder	张三主险人	银行帐号 Bank Account	5225223522335331554
特别说明： A detailed description of the accident and special statement: 						
申请人声明与授权： A statement authorized by the applicant: 1、 本人授权投保单位向投保保险公司办理索赔的一切手续； I authorize the insured to cover insurance claims for all procedures; 2、 上述各项填报及本人提供的一切资料，均完全属实，如虚假或隐瞒实情，保险公司有权拒付保险金并依法追究法律责任； I declare that all information I provided is true . On condition that it's false or I conceal the truth, the insurer has the right to refuse to pay insurance and hold accountable by law; 3、 本人授权任何医院及知情的单位和个人均可向投保保险公司提供与本理赔申请有关的一切资料。 I authorize any hospitals, units that know the truth and individuals can provide all information relating to the application to the insurer.						
申请人签名 Applicant signature: 张三主险人				申请日期 Application date: 2013 年 2 月 10 日		

以下栏目由保险公司填写 Insurers Fill out (以下空格请勿填写 DO NOT WRITE IN THIS SPACE)

理赔经办意见:	签名:	201	年	月	日
理赔主任意见:	签名:	201	年	月	日
首席理赔意见:	签名:	201	年	月	日

指定医院

福田区 (12 家)		
单位名称 (Unit name)	地址 (Address)	电话 Telephone
北京大学深圳医院 Peking University Shenzhen Hospital	深圳市莲花路 1120 号 No.1120,Lianhua Road,Shenzhen	0755-83923333
深圳口岸医院 Shenzhen Port Hospital	福田区皇岗口岸生活区 1 号综合楼 No.1 Building,Huanggang Port,Futian District	0755-83774038
深圳市彩田医院 Shenzhen CaiTian Hospital	深圳市福田区福强路 1001 号 No.1001,Fuqiang Road,Futian District,Shenzhen	0755-8338649
深圳市第二人民医院 Shenzhen Sencond Hospital	深圳市笋岗西路 3002 号 No.3002,Shungang West Road,Shenzhen	0755-83366388
深圳市儿童医院 Shenzhen Children's Hospital	深圳市红荔西路益田路口 7019 号 No.7019,Yitian, Hongli West Road,Shenzhen	0755-83936132
福田区妇幼保健院 Futian District Maternal and Child Health Hospital	深圳市金田路 1019 号 No.1019,Jintian Road,Shenzhen	0755-83836319
深圳市福田区梅林医院 Shenzhen Futian Meilin Hospital	深圳市福田区中康路 27 号 No.27,Zhongkang Road,Futian District,Shenzhen	0755-83110237
深圳市福田区人民医院 Shenzhen Futian People's Hospital	深圳市福田区深南中路 3025 号 No.3025,Shen'nan C Road,Futian Distric,Shenzhen	0755-83339603
深圳市福田区中医院 Shenzhen Futian Chinese medicine hospital	深圳市福田区景田北 6001 号 No.6001,Jingtian North,Futian Distric,Shenzhen	0755-83548566
深圳市妇幼保健院 Shenzhen Maternal and Child Health Hospital	深圳市人民北路 2210 号 No.2210,Ren'ming North Road,Shenzhen	0755-82226227
深圳市中医院 Shenzhen Chinese medicine hospital	深圳市福田区福华路 1 号 No.1,Fuhua Road,Futian District,Shenzhen	0755-83334009
福田人民医院香蜜湖分院 Futian People's Hospital (Xiangmihu Branch)	深南道与农林路交汇处 The crossing of Shennan blvd and Nonglin road	0755-83703233
罗湖区 (12 家)		
单位名称 (Unit name)	地址 (Address)	电话 Telephone
罗湖区妇幼保健院 Luohu District Maternal and Child Health Hospital	深圳市罗湖区太白路 2013 号 No.2013,Taibai Road,Luohu District,Shenzhen	0755-25519895
深圳市罗湖区人民医院 Luohu People's Hospital	深圳市罗湖区友谊路 Youyu Road,Luohu District,Shenzhen	0755-82230056
深圳市罗湖区中医院 Shenzhen Luohu Chinese medicine hospital	深圳市乐园路 83 号 No.83,Leyuan Road,Shenzhen	0755-82238541
深圳市慢性病防治院 Shenzhen Chronic Diseases Hospital	深圳市布心路 2021 号 No.2021,Buxin Road,Shenzhen	0755-25503999

深圳流花医院 Shenzhen LiuHua Hospital	深圳市罗湖区春风路 2069 号 No.2069,Chunfeng Road,Luohu District,Shenzhen	0755-82140207
深圳平乐骨伤科医院 Shenzhen PingLe orthopedic hospital	深圳市罗湖区金塘街 40 号 No.40,Jintang Street,Luohu District,Shenzhen	0755-82247153
深圳市东湖医院 Shenzhen Donghu Hospital	深圳市布心路 2019 号 No.2019,Buxin Road,Shenzhen	0755-25509800
深圳市人民医院 Shenzhen People's Hospital	深圳市东门北路 3 号大院 No.3 Dongmen North Road,Shenzhen	0755-25533018
深圳孙逸仙心血管医院 Shenzhen Sun Yat-sen Cardiovascular Hospital	深圳市东门北路 1021 号 No.1021,Dongmen North Road,Shenzhen	0755-25509566
深圳市眼科医院 Shenzhen Eye Hospital	深圳市迎春路 15 号 No.15.Yingchun Road,Shenzhen	0755-82222939
深圳市职业病防治院 Shenzhen prevention and treatment of occupational diseases hospital	深圳市罗湖区桂园北路果园东 70 号 No.70,Guiyuan North Road,Luohu District,Shenzhen	0755-82300318
深圳武警医院 Shenzhen People's Armed Police Hospital	深圳市罗湖区红岗路清水河 Qingshuihe,Honggang Road,Luohu District,Shenzhen	0755-82056065

南山区 (6 家)

单位名称 (Unit name)	地址 (Address)	电话 Telephone
深圳华侨城医院 Shenzhen Overseas Chinese Town Hospital	深圳市南山区华侨城华中路 Huashan C Road,Shenzhen OCT,Nanshan District	0755-26601224
南山区妇幼保健院 Nanshan Maternal and Child Health Hospital	深圳市南山区桃园路 93 号 No.93,Taoyuan Road,Nanshan District,Shenzhen	0755-26667715
深圳市南山区人民医院 Shenzhen Nanshan People's Hospital	深圳市南山区桃园路 Taoyuan Road,Nanshan District,Shenzhen	0755-26565348
南山区蛇口联合医院 Shekou United Christian Hospital	深圳市南山区蛇口工业七路 26 号 No.26,7th Road Shekou Industrial Zone,Nanshan District,Shenzhen	0755-26692314
南山区蛇口人民医院 Shekou People's Hospital	深圳市南山区蛇口湾厦路一号 No.1,Wanxia Road,Shekou,Nanshan District,Shenzhen	0755-26866176
深圳市南山区西丽医院 Xili hospital	深圳市南山区西丽镇留仙大道 Liuxian Road,Xili Town,Nanshan District,Shenzhen	0755-26528895

宝安区 (13 家)

单位名称 (Unit name)	地址 (Address)	电话 Telephone
深圳市宝安区福永医院 Bao'an Fuyong Hospital	深圳市宝安区福永镇德丰路 81 号 No.81,Dengfeng Road,Fuyong Town,Bao'an District,Shenzhen	0755-27396163

宝安区妇幼保健院 Bao'an District Maternal and Child Health Hospital	深圳市宝安区 30 区裕安路 23 号 No.23,Yu'an Road,30th Bao'an District,Shenzhen	0755-27803309
深圳市宝安区公明医院 Gongming Hospital	宝安区公明镇松白路公明段 339 号 No.339,Songbai Road,Gongming Town,Bao'an District,Shenzhen	0755-27732924
深圳市宝安区观澜医院 Guanlan Hospital	深圳市宝安区观澜大道西 Guanlan West Road,Bao'an District,Shenzhen	0755-28024426
深圳市宝安区光明医院 Guangming Hospital	深圳市宝安区光明街道北区 Guangming North Street,Bao'an District,Shenzhen	0755-27400061
深圳市宝安区龙华医院 Longhua Hospital	深圳市宝安区龙华镇建设东路 Jianshe East Road,Longhua Town,Bao'an District,Shenzhen	0755-27741585
深圳市宝安区人民医院 Shenzhen Bao'an People's Hospital	宝安区宝城 16 区龙井二路 118 号 No.118,2nd Longjing Road,16th Zone,Bao'an District,Shenzhen	0755-27788311
宝安区沙井人民医院 Shenzhen Bao'an Shajing People's Hospital	深圳市宝安区沙井镇大街 3 号 No.3 Street,Shajing Town,Bao'an District,Shenzhen	0755-27728595
深圳市宝安区石岩医院 Shenzhen Bao'an Shiyan Hospital	深圳市宝安区石岩镇吉祥路 11 号 No.11,Jixiang Road,Shiyuan Town,Bao'an District,Shenzhen	0755-27644137
宝安区松岗人民医院 Bao'an Songgang People's Hospital	深圳市宝安区松岗镇沙江路 2 号 No.2, Shajiang Road,Songgang Town,Bao'an District,Shenzhen	0755-27717273
宝安区西乡人民医院 Bao'an Xixiang People's Hospital	深圳市宝安区西乡镇乐园街 60 号 No.60,Leyuan Street,Xixiang Town,Bao'an District,Shenzhen	0755-27956611
深圳市宝安区中医院 Bao'an Chinese medicine hospital	深圳市宝安区裕安路 Yu'an Road,Bao'an District,Shenzhen	0755-27802422
市人民医院龙华分院 Shenzhen People's Hospital (Longhua Branch)	宝安区龙华街道龙观东路 101 号 No.101,Longguan East Road,Longhua Street,Bao'an District	0755-27745118
龙岗区(13 家)		
单位名称(Unit name)	地址(Address)	电话 Telephone
龙岗区布吉人民医院 Buji People's Hospital	深圳市龙岗区布吉街道吉华路 175 号 No.175,Jihua Road,Buji,Longgang District,Shenzhen	0755-28870993
龙岗区大鹏人民医院 Dapeng People's Hospital	深圳市龙岗区大鹏街道新东路 149 号 No.149,Xingdong Road,Dapeng,Longgang District,Shenzhen	0755-84305909
龙岗区妇幼保健院 Longgang Maternal and Child Health Hospital	深圳市龙岗区龙岗镇万兴街一号 No.1,Wanxing Street,Longgang District,Shenzhen	0755-28830549
龙岗区横岗人民医院	深圳市龙岗区横岗街道松柏路 278 号	0755-28865650

Henggang People's Hospital	No.278,Songbai Road,Henggang Street,Longgang District,Shenzhen	
龙岗区坑梓人民医院 Kengzi People's Hospital	深圳市龙岗区坑梓街道龙兴南路 6 号 No.6, LongXing South Road,Hengzi Street,Longgang District,Shenzhen	0755-84134902
龙岗区葵涌人民医院 Kuichong People's Hospital	龙岗区葵涌街道葵新北路 26 号 No.26,Kuixing North Road,Kuichong street,Longgang District,Shenzhen	0755-84207803
龙岗区南澳人民医院 Nan'ao People's Hospital	深圳市龙岗区南澳街道人民路 16 号 No.16, Ren'ming Road,Nan'ao Street,Longgang District,Shenzhen	0755-84401957
深圳市龙岗区南岭医院 Nanling Hospital	深圳市龙岗区布吉街道南岭 Nanling,Buji Street,Longgang District,Shenzhen	0755-28700099
龙岗区平湖人民医院 Pinghu People's Hospital	深圳市龙岗区平湖街道双拥街 77 号 No.77,Shuangyong Street,Pinghu,Longgang District,Shenzhen	0755-28457333
龙岗区坪地人民医院 Pingdi People's Hospital	坪地街道深惠公路坪地段 388 号 No.388,Shenhui Road,Pingdi Street	0755-84094010
龙岗区坪山人民医院 Pingshan People's Hospital	深圳市龙岗区坪山街道人民街 19 号 No.19, Ren'ming Street,Pingshan,Longgang District,Shenzhen	0755-28825080
深圳市龙岗区人民医院 Shenzhen Longgang People's Hospital	深圳市龙岗区龙岗区中心城爱心路 Aixin Road,Longgang Center Town,Longgang District,Shenzhen	0755-28932833
深圳市龙岗中心医院 Shenzhen Longgang Central Hospital	深圳市龙岗区龙岗段 1228 号 No.1228,Longgang Town,Longgang District,Shenzhen	0755-84806933
沙头角、盐田（3 家）		
单位名称 (Unit name)	地址 (Address)	电话 Telephone
盐田区妇幼保健院 Yantian Maternal and Child Health Hospital	深圳市沙头角深盐路 36 号 No.36,Shenyan Road,Shatoujiao,Shenzhen	0755-25360633
深圳市盐田区人民医院 Shenzhen Yantian People's Hospital	深圳市盐田区沙头角梧桐路 2032 号 No.2032,Wutong Road,Shatoujiao,Yantian District,Shenzhen	0755-25552422
深圳市盐田区盐港医院 Shenzhen Yangang Hospital	深圳市盐田区东海大道 East sea Road,Yantian District,Shenzhen	0755-25202270

就医提示 Goes see a doctor the prompt:

上述所列医院仅指该医院总部门诊和住院部，暂不包含其延伸或附属机构和诊所。

Above arranges in order the hospital only to refer to this hospital headquarters outpatient service and in-patient department, does not contain it to extend temporarily or the affiliated organization and the clinic.

商业医疗索赔申请书

以下栏目由申请人填写

Medical applications for claims

被保险人 Insurant		性别 Sex	<input type="checkbox"/> 男 M	<input type="checkbox"/> 女 F	年龄 Age	
ID card 身份证号码		Telephone NO. 个人联系电话			这是 It's	<input type="checkbox"/> 首次索偿 claim for the first time <input type="checkbox"/> 再次索偿 claim again
单位名称 Unit Name:	深圳中智经济技术合作有限公司		家庭地址 Family address			
理赔类型 Types	<input type="checkbox"/> 门诊医疗 <input type="checkbox"/> 住院医疗 <input type="checkbox"/> 住院津贴 <input type="checkbox"/> 重大疾病 <input type="checkbox"/> 意外/疾病身故 <input type="checkbox"/> 其他 <input type="checkbox"/> Clinic <input type="checkbox"/> Hospitalization <input type="checkbox"/> In-patient subsidy <input type="checkbox"/> Accidental disability <input type="checkbox"/> Accidental death <input type="checkbox"/> Death due to illness <input type="checkbox"/> Others					
申请人（被保险人）填写 Applicants (Insurants) fill out					保险公司填写 Insurers Fill out	
就诊日期 Date of Visit	就诊地点 Hospital	就诊原因 Descriptions	收据（张） Receipt (sheets)	申报金额（元） The Amount (Yuan)	审核金额（元） Audited Amount (Yuan)	理赔原因 Claims Reason
共计：就诊次数（ ）次；申报金额（ ）元；收据（ ）张 Total: No. of Visit () Times; The amount () Yuan; Invoice () Sheets						
银行开户 行 Bank			户主 Holder	银行帐号 Bank Account		
特别说明： A detailed description of the accident and special statement: 						
申请人声明与授权： A statement authorized by the applicant: 1、 本人授权投保单位向投保保险公司办理索赔的一切手续； I authorize the insured to cover insurance claims for all procedures; 2、 上述各项填报及本人提供的一切资料，均完全属实，如虚假或隐瞒实情，保险公司有权拒付保险金并依法追究法律责任； I declare that all information I provided is true . On condition that it's false or I conceal the truth, the insurer has the right to refuse to pay insurance and hold accountable by law; 3、 本人授权任何医院及知情的单位和个人均可向投保保险公司提供与本理赔申请有关的一切资料。 I authorize any hospitals, units that know the truth and individuals can provide all information relating to the application to the insurer.						
申请人签名 Applicant signature:			申请日期 Application date: Y 年 M 月 D 日			

以下栏目由保险公司填写 Insurers Fill out (以下空格请勿填写 Do not write in this space)

理赔经办意见:	签名:	201	年	月	日
理赔主任意见:	签名:	201	年	月	日
首席理赔意见:	签名:	201	年	月	日