

How to Claim

Before you make a claim, please check that your plan covers the treatment you are seeking. Please refer to your Table of Benefits and call Allianz Worldwide Care [Helpline](#) if you have any queries.



In-patient claims.

For treatment taking place in hospital, Allianz Worldwide Care can arrange, where possible, to settle your bill directly with the hospital.

Out-patient or dental claims.

For out-patient treatment (e.g. visits to your doctor or specialist, routine health checks, vaccinations or dental treatment) you will need to pay your bill directly to the medical provider. You can then claim back the costs from us, subject to your benefit limits.

These guidelines are intended to act as a summary of our claims process and are subject to the full terms and conditions provided in your Benefit Guide, which should be read in conjunction with your Table of Benefits.

In-Patient Claims

All in-patient treatment requires the submission of a **Treatment Guarantee Form**, prior to commencement of treatment.

PLANNED IN-PATIENT TREATMENT

1. Once you and your physician have completed the relevant sections of the **Treatment Guarantee Form**, simply return it to us at least 5 working days prior to treatment. (If treatment is due to take place within 72 hours, skip to point 3);

2. You can scan and e-mail the completed Treatment Guarantee Form to:
client.services@allianzworldwidecare.com, fax it to +353 1 630 1306 or post it to the address below.

Allianz Worldwide Care

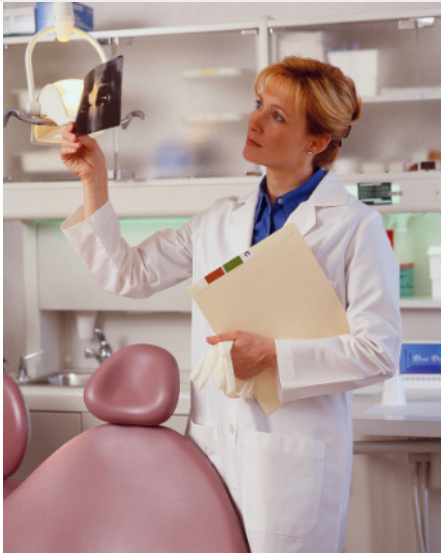
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

3. For treatment due to take place within 72 hours, our **Helpline** can take Treatment Guarantee details over the phone, if you have the required information to hand (you can download the **Treatment Guarantee Form** for a guide to this information on www.allianzworldwidecare.com or www.patris-seguros.pt).

EMERGENCY IN-PATIENT TREATMENT

Treatment Guarantee is not required in advance of emergency treatment. However Allianz Worldwide Care should be informed about the hospital admission within 24 hours of the event to avoid any Treatment Guarantee penalties. To assist with the claims process, we can take Treatment Guarantee details over the telephone if you call Allianz Worldwide Care **Helpline**. This will give us the opportunity to arrange direct settlement of your hospital bills, where possible. Please have the required information to hand (you can download the **Treatment Guarantee Form** for a guide to this information on www.allianzworldwidecare.com or www.patris-seguros.pt).

Submission of a Treatment Guarantee Form is required for the following:



- ⦿ In-patient benefits as listed in your Core Plan
 - ⦿ Day-care treatment
 - ⦿ Out-patient surgery
 - ⦿ MRI (Magnetic Resonance Imaging), PET (Positron Emission Tomography) and CT/PET scans
 - ⦿ Nursing at home or in a convalescent home
 - ⦿ Complications of pregnancy
 - ⦿ Routine maternity including complications of childbirth (in-patient treatment only)
 - ⦿ Oncology (in-patient and day-care treatment only)
 - ⦿ Occupational therapy (out-patient treatment only)
 - ⦿ Rehabilitation treatment
 - ⦿ Medical evacuation (or repatriation, where covered)
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- ⦿ Repatriation of mortal remains
 - ⦿ Expenses for one person accompanying an evacuated/repatriated person
 - ⦿ Palliative care and long term care

By following the **Treatment Guarantee process**, we can ensure that your treatment will be free from financial worries, allowing you to concentrate on getting better.

Out-Patient Claims

For out-patient treatment (e.g. visits to your doctor or specialist, routine health checks, vaccinations or dental treatment) you will need to pay your bill directly to the medical provider. You can then claim back the costs from Allianz Worldwide Care, subject to your benefit limits, by following the guidelines below.

1. Download a Claim Form from www.allianzworldwidecare.com or www.patris-seguros.pt and take it with you when you visit your doctor/medical provider.
2. Obtain an invoice from the medical practitioner that states the diagnosis or the medical condition treated the nature of the treatment and the fees charged.
3. Complete sections 1-5 of the Claim Form and attach all the relevant receipts and invoices. Your medical provider will need to complete sections 6 & 7 of the Claim Form if the invoice does **not** state the diagnosis and the nature of the treatment.
4. Attach the invoices and receipts to the Claim Form and post them to us at the address provided on the form.
5. Upon receipt of your Claim Form, we shall send you an e-mail (if we have your e-mail address) to acknowledge receipt. We will also e-mail you to advise you of when your claim has been processed. If we don't have your e-mail address, we will write to you to keep you up-dated about your claim.

Fully completed Claim Forms are processed, with payment instructions issued to your bank, within 48 hours.

SOME IMPORTANT POINTS TO NOTE FOR OUT-PATIENT CLAIMS

- ⊙ Some out-patient procedures will require you to complete a **Treatment Guarantee Form**. Please refer to your Table of Benefits for more information.
- ⊙ A separate Claim Form is required for each person claiming and for each medical condition being claimed for.
- ⊙ If the amount to be claimed is less than the deductible figure in your plan, retain the receipts and invoices until you have reached an amount in excess of your deductible.
- ⊙ To ensure prompt payment, please check that the payment details on your Claim Form are correct.
- ⊙ Only costs for incurred treatment will be reimbursed, subject to your benefit limits.
- ⊙ Please specify on the Claim Form the currency in which you wish to be paid.
- ⊙ Your right to reimbursement ends upon the expiry of your cover.

- © Claims should be submitted no later than 6 months after the end of the Insurance Year, or if your cover is canceled within the Insurance Year, no later than 6 months after the end of your cover.

FREQUENTLY ASKED QUESTIONS

How do I arrange direct settlement for planned in-patient treatment?

You will need to submit a Treatment Guarantee Form in advance of treatment. Provided that the treatment you are seeking is covered under your plan, we will confirm the medical necessity of your treatment and appropriateness of the costs and where possible, arrange for direct settlement.

By following the treatment guarantee process, we can ensure that your treatment will be free from financial worries, allowing you to concentrate on getting better

If I have to make a claim for eligible out-patient treatment, how quickly would I be reimbursed?

Provided the fully completed Claim Form is submitted with all original documentation, invoices and receipts within 6 months after the end of the insurance year, Allianz Worldwide Care will process the claim within 48 hours. You will then receive a confirmation email (if an email address has been provided to us), a settlement letter and statement of accounts which details the status of the claim. Payment will follow directly from Citibank, our payment partner.

In which countries can I receive treatment?

Where the necessary medical treatment for which you are covered is not available locally, you can avail of treatment in any country within your area of cover. In order to seek reimbursement for medical treatment and travel expenses incurred, you will need to submit a Treatment Guarantee Form for approval prior to travel.

Where the necessary medical treatment for which you are covered is available locally but you choose to travel to another country within your area of cover for treatment, we will reimburse all eligible costs incurred within the terms of your plan, however, we will not pay for travel expenses incurred.

What do I do in an emergency?

In an emergency, always seek medical care immediately. Where possible you should contact the Allianz Worldwide Care Helpline within 24 hours of the emergency event.

Where can I find Hospitals, Doctors and Health Practitioners worldwide?

Access the following address: <http://www.allianzworldwidecare.com/hospital-doctor-and-health-practitioner-finder>

International Healthcare Plans

Table of Benefits

Universidade do Porto

Treatment guarantee (pre-authorization) may be required for some benefits. Please refer to Notes section for further details. All benefit and deductible amounts are per person per year, unless otherwise indicated.

Core Plan

Maximum plan benefit €

UNI do Porto

€800,000

In-patient benefits - please refer to notes for Treatment Guarantee

Hospital accommodation	Semi-private room
Prescription drugs and materials	Full refund
Surgical fees, including anaesthesia and theatre charges	Full refund
Physician and therapist fees	Full refund
Surgical appliances and prostheses	Full refund
Diagnostic tests	Full refund
Organ transplant	Full refund

Other benefits - please refer to notes for Treatment Guarantee

Day-care treatment	Full refund
Out-patient surgery	Full refund
Nursing at home or in a convalescent home (immediately after or instead of hospitalisation)	€2,500
Rehabilitation treatment (immediately after acute medical treatment ceases)	€2,500
Local ambulance	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of 6 weeks)	Full refund
Medical evacuation	Full refund
Repatriation of mortal remains	€10,000
CT, MRI and PET scans (in-patient and out-patient treatment)	Full refund
Oncology (in-patient and out-patient treatment)	Full refund
Routine maternity (in-patient and out-patient treatment)	€1,000
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	€750
Emergency out-patient dental treatment	€750
Palliative care and long term care	Full refund, Max. 30 days per lifetime
Family Travel Benefit (please refer to Notes)	€1,000

Out-patient Plan

Maximum plan benefit

UNI do Porto

€5,000

Out-patient Benefits

Medical practitioner fees and prescription drugs

€1,000

Specialist fees

Full refund

Diagnostic tests

Full refund

Vaccinations

Full refund

Prescribed medical aids

€2,500

NOTES

Treatment Guarantee/Pre-authorisation

Treatment Guarantee/Pre-authorisation is a process whereby we guarantee cover for certain required treatment and costs (where covered) as follows:

- All in-patient treatment, day-care treatment and out-patient surgery
- MRI (Magnetic Resonance Imaging), PET (Positron Emission Tomography) and CT/PET scans
- Nursing at home or in a convalescent home
- Routine maternity including complications of pregnancy and childbirth
- Oncology
- Occupational therapy (out-patient)
- Rehabilitation treatment
- Medical evacuation (or repatriation)
- Repatriation of mortal remains
- Expenses for one person accompanying an evacuated/repatriated person

For the treatments listed above, please note that you and your physician should complete the relevant sections of a Treatment Guarantee Form and send it to us for approval prior to commencement of your treatment.

It is highly recommended that you take advantage of this facility as this will provide you with the benefit of cashless access to hospitals for in-patient treatment, as well as giving you the advantage of your treatment being overseen by our Doctor.

For further details please refer to the “How to Claim” Section of our Benefit Guide, or simply contact our Helpline.

Chronic Conditions

Chronic conditions are covered within the terms of your policy. Please refer to the definitions section of our Benefit Guide for further information or contact our Helpline.

Pre-existing Conditions

Pre-existing conditions are covered within the terms of your policy. For further details please refer to the “Definitions” section of our Benefit Guide or simply contact our Helpline.

Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits: The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance

Year, under that particular plan. Some benefits also have a **specific benefit limit** which is applied separately, for example 'Nursing at home or in a convalescent home'. Specific benefit limits may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to €5,000". Where the term "Full refund" appears next to certain benefits, please note that this refund is subject to the maximum plan benefit, if one applies to your plan(s).

Policy Terms and Conditions

The Table of Benefits provides an outline of the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in our Benefit Guide, which is issued to you upon policy inception. Our current Benefit Guide can also be downloaded from our website www.allianzworldwidecare.com

Policy Endorsement(s)

If there are any policy terms and conditions unique to your policy they will be listed below. Please read carefully in conjunction with our Benefit Guide.

Family Travel Benefit

In the event of an insured student requiring emergency in-patient treatment, we will pay the cost of a return economy flight and reasonable accommodation expenses for one immediate family member to travel to be with the insured. By reasonable accommodation expenses we mean bed and breakfast accommodation in a 3 star hotel. Cover under this benefit is provided up to a maximum of €1,000 per year.

CONTACTS

Allianz Worldwide Care's in-house team of professional, multilingual staff are available 24 hours, 5 days a week (Sunday 18.00 pm to Friday 19.00 pm GMT), to handle your policy enquiries.

Emergency Assistance:

Members are required to contact the Allianz Worldwide Care **Helpline** in the event of an emergency. Emergency Assistance is available **24 hours a day, 7 days a week**.

Helpline:

English: +353 1 630 1301
German: +353 1 630 1302
French: +353 1 630 1303
Spanish: +353 1 630 1304
Italian: +353 1 630 1305

Fax: +353 1 630 1306

Email: client.services@allianzworldwidecare.com

Medical Advice Service:

Allianz Worldwide Care also operates a medical advice service, MediLine, 24 hours a day, 7 days a week which offers immediate telephone access to an experienced, English speaking medical team that provides comprehensive medical advice and information*.

MediLine: +44 208 403 9970

*The MediLine is not intended to be a substitute for professional medical advice or for the care that patients receive from their doctors.

Address:
Allianz Worldwide Care
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

Insurance Broker:

Patris Seguros – Corretores e Consultores de Seguros, SA, part of the Patris Group, is registered in Portugal and regulated by the Portuguese Insurance Institute (Instituto de Seguros de Portugal) Registered no.: 607177996/3 (www.isp.pt). Headquarters: Rua de Santa Catarina, 706, 2 – 5, 4000-446, Porto, Portugal. Tax Number: 501278699.

Contacts: Portuguese: +351 22 200 7500, Fax: +351 22 208 2387, geral.seguros@patris.pt, www.patris-seguros.pt