

Overseas Student Health Cover Treatment Guarantee



For your convenience, this form (editable PDF version) is available on our website: www.allianzcare.com.au

Failure to complete this form in full may delay our ability to guarantee treatment as we may have to revert to you or the medical provider for further information.

The patient's policy must be valid at the time of treatment. Please be advised that guarantee of payment is subject to the terms and conditions of the Overseas Student Health Cover policy and the assessment of all relevant documentation received by Allianz Care Australia in respect of this medical condition.

Treatment Guarantee is not required in advance of emergency treatment; however, you, your physician, or one of your dependents must inform us about the hospital admission within 48 hours of the event. Our Helpline (1800 884 526 option 1, then option 1 again) can take Treatment Guarantee details over the telephone if treatment is due to take place within 24 hours. Please have as many details as possible at hand when calling, including the contact details of your doctor. Our Helpline is available Monday to Friday 8am – 5pm AEST by phone or by email to OSHCEligibility@allianzcare.com.au. After hours calls are answered by our 24/7 Medical Desk, who will be able to assist with urgent queries.

Section 1: must be fully completed by (or on behalf of) the patient.

Section 2: must be fully completed by the doctor.

Section 1: Patient Details (OSHC member)	
Policy Number:	
Patient's First Name and Family Name (Last name):	
Date of Birth:	
Passport Number:	
Country of issue:	
Will you be on a Bridging Visa at the time of the procedure? If yes, please attach a copy of the Bridging Visa.	
Contact Person: please specify who should be contacted regarding the progress of this Treatment Guarantee application.	
Name:	
Relationship to Patient: Policy holder, dependent, colleague/friend	
Mobile Number:	
Email:	
Consent to processing of medical data	
We need the patient's consent (or the patient's parent or guardian's consent) to use the medical information provided to us in order to provide a treatment guarantee.	
I authorise Allianz Care Australia to collect, store, use and disclose my health data for the purposes of Allianz Care Australia processing this treatment guarantee application. Please note> If you do not provide consent for us to use your health data, we will not be able to process the treatment guarantee application.	
If the patient is under 18 years of age, a parent or guardian must sign and date this section	
Patient or Parent / Guardian signature:	Date: ___/___/_____

Section 2: Treatment Details	
Condition: i.e. description of condition, signs and symptoms	
On what date would the first onset of symptoms have been apparent to the patient?	
Underlying cause (if known):	
Date of first attendance for this condition: i.e. GP visit, Emergency, valid referral?	
Date this condition was first diagnosed:	
Diagnosis (if unknown, please state provisional diagnosis):	
If an injury, is it related to Workers' Compensation or Motor Vehicle Accident?	Yes No
Treatment	
Planned procedure/treatment:	
Planned admission date:	
DRG:	
If Other is selected, please enter DRG code:	
Estimated length of stay (if known):	
Maternity:	
Date pregnancy was confirmed by doctor:	
Expected or actual date of delivery:	
Is birth of a SINGLE baby expected?	
Medical Provider Details:	
Hospital/Facility Name:	
Contact Number:	
Email (mandatory):	
Address:	
Other Contact: (optional)	
Surgeon Email:	
Costs (if known)	
State or AHSA rate:	State rate AHSA rate
AHSA rate (if applicable):	
Applicable MBS item number/s:	
Applicable PBS:	
Referring Physician	Attending/Admitting Physician/Patient Liaison
Name:	Name:
Contact Number:	Contact Number:
Email (mandatory):	Email (mandatory):
Please send this fully completed Treatment Guarantee form at least 48 hours prior to treatment: Email: OSHCEligibility@allianzcare.com.au Post to: Allianz Care Australia OSHC Claims Locked Bag 3001 Toowong QLD 4066 Australia	If you have any queries, please contact us: Phone: 1800 884 526 option 1, then option 1 again. OSHCEligibility@allianzcare.com.au For further information, please visit our website: www.allianzcare.com.au
You must keep copies of all correspondence. We cannot be held responsible for correspondence that is lost for any reason that is outside of our reasonable control.	

Privacy Notice

Your privacy: Your privacy is important to us. To arrange, offer, and provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) and for the purposes set out below, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Care', collect, store, use, process, and disclose your personal information including sensitive information such as medical information in accordance with the requirements of privacy laws. For full details of our privacy policy, please visit our website at www.allianzcare.com.au and click on the Privacy & Security link.

When we collect your personal information, we are responsible for ensuring it is processed and protected in accordance with applicable privacy laws such as the Privacy Act 1988 (C'th), and sometimes European Law such as the GDPR where our activities fall within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, your medical information, passport details, and bank account details. We also collect information through devices such as 'cookies' when you visit our website or use our mobile apps, in order to improve our website functionality and user experience.

Data Collection: We usually collect your personal information directly from you but sometimes from others depending upon the circumstances and the product involved. For example, to quote, arrange, or provide our health insurance products and services, we may collect your personal information from you, your agents, our agents, your broker, other insurers, universities and learning institutions, Government departments managing Immigration, health, and foreign affairs including for visa purposes, family members including your partner or spouse, travelling companions, as well as from doctors, hospitals, and other health service providers if you require medical assistance. We may collect your personal information from our business partners and agents whom you may have approached or who distribute or help provide or arrange our products and services.

Purposes & Uses: We use your personal information to arrange, offer, and provide our products and services (or those we may offer or provide to you on behalf of our business partners) and to manage your and our rights and obligations in connection with any products and services you have inquired about or acquired. For instance, we use it to assess, process, and investigate health insurance claims, and to liaise with Government Departments such as immigration, health, and foreign affairs where it relates to your cover or your application for private health insurance cover. We may also use it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT and related systems maintenance and development, recovery against third parties, fraud investigations, to comply with requests from regulatory bodies and government departments, and for other purposes with your consent or where permitted by law. We do not sell your personal information to any other person or entity for marketing purposes.

Disclosures & overseas transfers: Your personal information may be disclosed to your family members, co-insured on the same policy, your spouse or partner, as well as to third parties who assist us to carry out the activities set out in the 'Purposes & Uses' paragraph above, such as claims management providers, our agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, overseas data processing and 'cloud' storage providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer or sponsor, insurance reference bodies, and our related entities in the Allianz group of companies including Allianz Partners. Some of these third parties to whom your personal information may be disclosed and transferred, will be located in other countries including in Europe, the UK and Ireland, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to Government Departments that manage immigration, health, and foreign affairs, as well as to regulatory bodies including those involved in the health insurance industry. We also disclose and transfer your personal information to our private health insurer that underwrites your policy, namely Peoplecare Health Limited, which is a registered private health insurer, ABN 95 087 648 753. When we disclose or transfer your personal information to third parties, we take steps binding those entities to comply with privacy law.

Marketing: We may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, and business partners that we or they consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Other individuals/dependents: Except where you have legal authority to provide personal information on behalf of another, such as in your capacity as a parent or legal guardian, when you provide personal information to us about another individual on your policy such as your spouse, partner, family member, dependent, or adult children, we rely on you and you warrant to us that you have first obtained that individual's consent, and have made them aware of the matters set out in this Privacy Notice.

Access to and correction of personal information: You may also seek access to your personal information (or that of another on your policy where you are authorised to do so) and ask us to correct or update it, and to obtain details about our data processing activities in respect of your personal information. You may have further rights in respect of your personal information where the GDPR law applies, and depending upon the circumstances, you may request a restriction on processing, request it be deleted, and to receive it in a portable form, amongst other things.

Withdrawal of consent: Where your personal information is used or processed with your specific consent as the sole basis for such use and processing (rather than on a contractual basis or legitimate interests of the company), you may withdraw your consent at any time. Just contact us as set out below. Contact us: If you wish to make a complaint about your data privacy, or have a request for access or correction, or any query about your personal information, please contact:

The Privacy Officer, Allianz Care Australia, PO Box 162, Toowong, QLD 4066, or email DataPrivacyAU@allianz-assistance.com.au or phone us on +61 7 3305 7000.

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001 if you have a complaint. Without your agreement to the matters set out above, we may not be able to provide you with our products or services including the assessment and payment of any claims.