

# Overseas Student Health Cover Guarantee of Payment (GOP)

Policy number / Member ID:

Date:

We are pleased to confirm that  
procedure specified below subject to the following conditions.  
Please accept this GOP on our behalf.

has insurance for the

## Section 1 - Policy Holder Details:

Hospital/Facility:	
Contact name:	
Contact number:	
Contact email:	
Patient Name:	
Date of Birth:	
Date of treatment/admission:	
Procedure / treatment:	
DRG code:	
Description (ICD Code):	
Estimated length of stay:	
Type of room:	
Estimated costs:	
Maximum Allianz Care Australia contribution:	
Patient contribution:	
Exclusions:	
Visa Information:	

### This Guarantee of Payment is subject to the following conditions:

1. The hospital will undertake the specified procedures within 90 days of the date of the guarantee, and submit the invoices and the hospital discharge summary to us within 30 days of treatment.
2. If additional treatment is required, we must be notified promptly. Simply email us at: [OSHCEligibility@allianzcare.com.au](mailto:OSHCEligibility@allianzcare.com.au) or call 1800 884 526 option 1, then option 1 again or post to Allianz Care Australia, OSHC Claims Locked Bag 3001, Toowong, QLD 4066, Australia.
3. We will settle the hospital Invoice within 30 days of receipt, subject to the hospital expenses being pre-authorised by us and the maximum amount insured being paid in accordance with state rates or AHSA contracted rates.
4. We may in our discretion refuse liability for claims we receive 60 days or more after the date of discharge.
5. The terms and conditions of the insurance policy apply, as agreed between us and the insured member. Terms and Conditions can be found in the relevant [Policy Wording](#) document. The Guarantee of Payment is also subject to medical assessment of all relevant medical documentation received by us in respect to this medical condition.
6. Guarantee is for a maximum of a shared ward accommodation.
7. The hospital must provide us with any medical documents that we reasonably require in relation to the insured member's medical condition in order to guarantee payment.
8. Guarantee of Payment is subject to the member's policy being active at the time of the treatment.

### Guarantee of Payment (further information)

- Please inform all the relevant hospital departments that all itemised invoices must be emailed to us at: [oshcproviders@allianzcare.com.au](mailto:oshcproviders@allianzcare.com.au) or sent by post to  
Allianz Care Australia OSHC Claims  
Locked Bag 3001  
Toowong QLD 4066  
Australia
- We confirm that the cost guaranteed is an estimate only. Please be advised that all invoices will be reviewed and assessed in terms of the usual and customary charges.

**Should you have any questions about the validity of the member's policy, please do not hesitate to email us at [OSHCEligibility@allianzcare.com.au](mailto:OSHCEligibility@allianzcare.com.au) or call 1800 884 526 option 1, then option 1 again.**

Kind regards,

Medical Advisor