



Treatment Guarantee

For your convenience, this form (editable PDF version) is available on our website:
<https://allianzassistancehealth.com.au/en/student-visa-oshc/help-centre/>

Failure to complete this form in full will 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 payments is subject to the terms and conditions of the Overseas Student Health Cover and also subject to the assessment of all relevant documentation received, or yet to be received, by Allianz Partners in respect of this medical condition.

Treatment Guarantee is not required in advance of emergency treatment; however, you, your physician, one of your dependants, or a colleague 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@allianz-assistance.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

Policy Number:	
Case Number (if known):	
Patient's First Name and Surname:	
Date of Birth:	
Passport Number:	
Nationality:	
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 request.	
Name:	
Relationship to Patient: i.e. self, partner, parent	
Contact Number:	
Email:	

We care about Your Personal Data Protection

Privacy Notice

The personal information that you provide is collected for the purpose of issuing you with OSHC, determining any claims you may make on this policy (including complying with regulatory requirements in relation to OSHC), and for ancillary purposes as set out in our Privacy Policy. By providing your personal information, you agree and consent to our Privacy Policy which is available on request or view it on the web at <http://www.allianz-assistance.com.au/privacy-and-security/>.

For example, in the course of providing our services, assessing claims, and carrying out our business activities, your personal information (including personal information of others named on your Certificate of Insurance) can be disclosed to education providers, health fund providers, underwriters and insurers including Peoplecare Health Limited, marketing and service provider intermediaries, government departments including the Department of Home Affairs, medical practitioners, hospitals, and other medical service providers, claims assessors, investigators, our related and group companies including Allianz, and other international assistance and service providers with whom we engage. To provide our services, we may transfer your personal information overseas. You also agree to allow us to disclose details of your OSHC and other personal information received from any healthcare provider who provides you with treatment for the purposes set out in this Privacy Notice. We do not disclose your medical information for marketing purposes.

If you would like to gain access to or correct any of your personal information, please contact Allianz Global Assistance at personalinformation@allianz-assistance.com.au. If you do not agree with our Privacy Policy, you must inform us as we may not be able to provide our services to you including assessment of your claim.


Patient's Signature:

Date:

If a minor was treated, a parent or guardian should sign and date this section.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> State Rate <input type="checkbox"/> AHSA Rate
AHSA rate (if known):	
Applicable MBS item number/s:	
Applicable PBS:	
Referring Physician Attending/Admitting Physician/Patient Liaison	
Name:	Name:
Contact Number:	Contact Number:
Email (mandatory):	Email (mandatory):
<p>Please send this fully completed Treatment Guarantee form at least five working days prior to treatment by:</p> <p> Scan/email to: OSHCEligibility@allianz-assistance.com.au</p> <p> Post to: Allianz Global Assistance OSHC Claims Locked Bag 3001 Toowong QLD 4066 Australia</p> <p>We advise that you keep copies of all correspondence with you as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.</p>	<p>If you have any queries, please contact us : 1800 884 526 option 1, then option 1 again. OSHCEligibility@allianz-assistance.com.au</p> <p>For further information , please visit our website: Overseas Student Health Cover: www.allianzassistancehealth.com.au</p>