

EXPERT MEDICAL OPINION ENROLLMENT FORM

Policy Number:

The requested service will be based on the medical information and previous diagnosis provided by the patient's treating doctors and reported by the patient and/or applicant. Without the required medical information and previous diagnosis, it is not possible to submit an Expert Medical Opinion service request. The Advance Medical Physician Case Manager who is licensed in the location where he/she practices medicine that will guide the applicant/patient through the process. The patient and/or applicant should review the result of Expert Medical Opinion ("Report") with the patient's treating doctors for guidance on appropriate next steps. Medical decisions should be made only after an in-person medical examination and diagnostic tests, as indicated by the examination and your medical information. The Report is intended to provide the patient with information to supplement the information which have already received from the treating doctors. The information contained in the Report shall not be used to substitute to the patient's treating doctors' recommendations. Patient and/or applicant should discuss the Report with the patient's treating doctors, who are responsible for the patient care.

1. Applicant's contact information (Mandatory data)

Applicant's Full Name: _____			
First Name	Middle Name	Last Name	
Date of Birth: _____ <small>(month / day / year)</small>	Gender: _____		
Contact Number: _____	Alternative Number: _____		
E-mail: _____			
Country of residence: _____			
Preferred way to be contacted: () email () phone			

2. Patient's Information (If applicant is not the patient)

Is the applicant the patient? Yes () No () <i>If "Yes", no need to complete this section, and move to section 3.</i>	
If " No ", please state your relationship with the patient: _____	
Patient's Full Name: _____	
Gender: _____	
Date of Birth <small>(month / day / year)</small> : _____	Country of residence: _____
Contact Number: _____	
E-mail: _____	

Despite some countries haven't been considered as secure countries regarding Data Protection, ADVANCE MEDICAL uses standard and centralised protocols as well as security measures in order to guarantee the privacy of your data, avoiding its distribution to third parties, regardless of the level of legal requirement that the recipient country has. ADVANCE MEDICAL have agreements among its subsidiaries for legal compliance. You can ask for warranties that those agreements had been executed.

3. You hereby accept that ADVANCE MEDICAL and its employees gets in touch with you in order to obtain the necessary information to provide you with the service.
4. You hereby authorize your treating physicians and other health care providers to release all relevant personal and medical data to ADVANCE MEDICAL to be used in obtaining an Expert Opinion and you grant ADVANCE MEDICAL permission to use and disclose this information as described in our privacy notice. If requested, you will sign separate authorization forms for each physician or other health care provider to permit them to share protected health information with us. You agree that the information that you provide to us will be accurate and complete to the best of your knowledge. It is your responsibility to ensure that all relevant information has been provided to ADVANCE MEDICAL.
5. The Report is the opinion of medical experts based on the medical information regarding your case that you provide us and that we obtain from your doctors with your permission. **The physician rendering the Expert Medical Opinion Report will not have the benefit of examining you in person, the ability to order additional tests, or have any information beyond what you provide. Since the medical experts will not personally examine you or order additional tests, it is not a medical diagnosis. Medical Experts through the Expert Medical Opinion program do not and cannot take responsibility for your care based only on the information we receive. Medical decisions should be made only after an in-person medical examination and diagnostic tests, as indicated by the examination and your medical history. The Report is intended to provide you with information to supplement the information you have already received from your treating physicians. The information contained in the Expert Medical Opinion Report shall not be used to substitute for your physician's recommendations. You should discuss the Report with your own doctors, who are responsible for your care.**
6. ADVANCE MEDICAL disclaims all warranties, express or implied, including without limitation any warranty of merchantability or fitness for a particular purpose, regarding any information you obtain through or from ADVANCE MEDICAL.
7. You hereby hold harmless and release ADVANCE MEDICAL, their officers, directors, employees and agents, and the opining physician(s) from any liability arising out of preparation or delivery of the Report and your use of the Report. In no event will ADVANCE MEDICAL, their officers, directors, employees and agents, and the opining physician(s) be liable for special or consequential damages, even if those damages are otherwise foreseeable or even if any of them have been advised of the possibility of such damages.
8. You acknowledge that your health insurance might not cover a particular test or treatment recommended in the Expert Medical Opinion Report, as coverage depends on the terms of your health insurance. ADVANCE MEDICAL and the medical experts do not make health benefits coverage decisions for your health insurance. Please refer to your insurance company to verify cover and pre-authorise treatment.
9. If the applicant is not the patient or patient's representative or legal guardian, we require written authorization from the patient for release of any medical or personally identifying data.
10. Eventually, ADVANCE MEDICAL will also apply country specific regulations from where our patients send data.
11. ADVANCE MEDICAL will not modify the content of the expert medical opinion report at the request of the user or other related person.

In order to better protect your information, we inform you that ADVANCE MEDICAL uses data centers based in the EU and in the USA that comply with all the privacy, security and contingency measures. With your acceptance you are confirming to enter into an agreement with our subsidiary Advance Medical Inc. whom owns the agreements with the servers in the UUSS.

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Applicant Signature	Printed Name	Date

Please sign and send the form to ALLIANZ_INDONESIA@advance-medical.com. Our Physician Case Manager will call you back within 24 (business) hours after receipt copy of this Enrollment Form.

COMMUNICATION OF DATA

In order for ALLIANZ INDONESIA to provide you with CUSTOMER SERVICE, do you allow ADVANCE MEDICAL to share your personal and health data with ALLIANZ INDONESIA?

** Your answer would not affect the provision of Expert Medical Opinion service by ADVANCE MEDICAL.

YES, I CONSENT

NO, I DO NOT CONSENT

_____	_____	_____
Signature	Printed Name	Date

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