REQUEST FOR PAYMENT REVIEW/APPEAL
理赔申诉表

GBG's goal is to provide a high level of member service to our members and providers. We have provided the below form to assist you in the review of any claim for benefit under which there may be a dispute. Please complete this form and follow the instructions on second page. Please feel free to use the contact information in this form for any questions or assistance needed.

为了向我们的会员和网络医院提供高质量的理赔服务，GBG对于有争议的理赔结果提供申诉途径。若您对于理赔结果需提出申诉，请完整填写以下表格，并按照第二页的细则操作，我们将提供理赔申诉服务。如有任何疑问或需要帮助，请联系我们。

MEMBER INFORMATION 会员信息

Member Name: GBG 用户/会员姓名：		Member Policy # (As appears on ID Card): 保单号（GBG医疗卡上注有保单号）：
Patient Name： 就诊人名字：		Date of Birth： 生日：
Street Address 街道地址：		
City 城市：	State 州：	Zip 邮编：
Home Phone: 家庭电话:	Alternate Phone: 备用电话:	E-Mail Address: 电子邮件：
Date(s) of Service: 看诊日期：	Claim Number (s): 理赔号：	Procedure / Type of Service: 治疗内容：
INDICATE BELOW WHERE ANY APPEAL CORRESPONDENCE SHOULD BE DIRECTED 请选择申诉回复邮件应该寄往： (Office/Facility Name, Street/ PO Box, City, State, Zip Code, phone, fax, email) 办公室/机构名称，街道/邮政信箱，市，州，邮编，电话，传真，电子邮件）		
Name of Requestor： 申诉人：		Relationship to Patient: 与就诊人关系：
Contracted Provider? (For provider appeals) 是否与网络医院联系过？（网络医院申诉勾选此项） ☐Yes ☐No		
If you are not the, Patient, or Provider of Service, please attach documentation showing you have legal authorization/rights to appeal on the patient's behalf, such as, but not limited to, a signed and dated letter of authorization, a legal power of attorney document, etc. 如果您不是GBG用户，患者，或网络医院，请提供能证明您能代表表患者进行申诉的书面授权文件，包括但不限于，一份经签署并注明日期的授权书，律师文书等。		

IS THIS AN APPEAL FOR A SERVICE THAT HAS NOT BEEN RENDERED THAT REQUIRES AUTHORIZATION? ☐YES ☐NO
这是否是对需要授权但是保险公司没有被事先告知过？

PLEASE CHECK OFF THE SELECTION THAT BEST DESCRIBES YOUR APPEAL: 请选择与您理由最贴近的选项：

☐Bundling Denial 无项目服务收费明细
☐Provider Fee Schedule 网络医院费用表
☐Medical Necessity 医学必需
☐Timely Claim Filing (without proof) 索赔时效
☐Benefit Exclusion or Limitation 责任除外
☐Benefit Administration (i.e. co-payment, deductible) 保险福利管理(共付比例，免赔等）
☐Maximum Reimbursable Amount 最高理赔额
☐Experimental/Investigational Procedure 药品或治疗措施还处于实验阶段
☐Inpatient Facility Denial (Level of Care, Length of Stay) 住院治疗（护理级别，住院时间长短）
☐Other (Use bottom of Page 2 to describe) 其他（请在第二页描述）

Please provide a summary of your request and include any details that you wish to have reviewed. Please also indicate the specific reason for the request for review. 请提供您申诉的大致内容，包括您希望予以重新审查的细节，并请申明申诉的理由。

Please complete and e-mail this form or letter of grievance/appeal along with all supporting documentation to chinaservice@gbg.com. (Scan and submit all appropriate documents with appropriate signatures.)
请发送已完整填写的表格、投诉/申诉说明以及所有证明文件到以下邮箱地址chinaservice@gbg.com。（文件需扫描提交并签字）

Additional Items to include in any request for review:
其它审查要求补充的：

1. Please ensure that you complete this required form and provide all requested information.
   请确保您完整填写这个表格并提供所有要求的信息。
2. In the event that your claim for benefit has been denied, please provide a summary of why you feel this claim should be reviewed.
   对于您被拒的理赔案件，请提供您需要申诉重新审查理赔的理由。
3. Please provide scanning copies of any supporting documents in your possession, including
   请提供所有补充材料的扫描件，包括：
   a. Your scanning copy of the original claim 原理赔案件材料的扫描件
   b. Your scanning copy of the Explanation of Benefits (EOB) 理赔通知书的扫描件
   c. Any and all letters regarding this claim for benefits. 有关此项理赔所有的邮件往来
   d. Any additional supporting medical documentation or reports 任何补充的文件或报告
   e. Any additional information or supporting documentation that you wish to include in the review
      您认为重新审查需要的其它补充文件

Appeals should be submitted within 60 days of receiving your processed claim, denial letter, or denial of pre-authorization. Upon appeal, the member will pay any fees associated with the request of medical records. The Appeals Committee will review your information and provide a response within 45 business days of receipt. Emergency reviews will be accelerated at the discretion of the Appeals Committee.
申诉应在收到理赔结案通知、拒赔通知、事先授权拒绝通知的60日内提出。申诉提出后，如果有任何关于提取医疗记录的费用，会员自行承担。申诉委员会将在收到申诉45个工作日予以答复。根据申诉委员会的决定，申诉可以加急处理。

If a decision is made to alter the initial decision and issue additional payment, you may be notified of the payment adjustment through an Explanation of Benefits (EOB). If a decision is made to uphold our initial decision, you will be notified in writing.
如果申诉成功，GBG需改变之前的赔付结论并追加赔付的话，您将收到一封EOB（解释说明函）。如果申诉失败，您也将收到一封书面通知来说明GBG将维持原来的理赔结论。