*Medical Insurance for foreign citizens on temporary stay in România*

**Clause no. 13-10**

**for policy nr. _____ from _____**

**regarding Accident Insurance**

1. On the basis of the conditions from the present clause, The Insurer extends the cover of the policy, over the medical expenses incurred by the Insured, foreign citizen being under temporary stay in România, due to sudden illness or accident occurred during his stay in România.
2. By mean of completing the provisions and the sum provided for at pct. 19 let. b) from "Conditions for Accident Insurance ", according to the conditions of the present Clause, The Insurer covers all the medical expenses incurred by the Insured up to the sum stipulated in the Insurance policy.
3. The insurances can be concluded by the foreign citizens who stay temporary in România or by Romanian juridical bodies, on the benefit of the foreign citizens invited by them or who carry out an activity to the benefit of them.
4. The cover by insurance of the medical expenses is valid only within the Romanian territory.
5. The medical expenses refer to:
   **a)** ambulatory treatment of the Insured;
   **b)** sanitary medicines and materials prescribed by the physician, excepting the prosthesis;
   **c)** diagnostic procedures established by the physician;
   **d)** hospitalization of the Insured, for a period of maximum 30 days; in this view, the hospital in the city where the Insured is must be used, or the hospital in the closest city, where the adequate treatment can be rendered. The Insurer reserves the right to cover the costs of the treatment for hospitalization only until the Insured's medical condition allows repatriation in his citizenship country;
   **e)** emergency surgical interventions;
   **f)** emergency dental treatment, but only in order to relieve acute pain, for maximum two teeth and within the limit of EUR 150 per treated tooth;
   **g)** expenses incurred with the transport carried out by the ambulance services, to the nearest hospital or the nearest physician;
   **h)** expenses incurred for the transfer to a specialized clinic, if requested by the currant physician.
6. Whichever of the expenses provided for at pct. 5 let. a-h) will be subject to the present Clause provided only that:
   **a)** Every medical check-up or treatment is carried out by a physician practicing in a sanitary unit, clinic or private office authorized in România, under the direct supervision of the physician, having at its disposal enough facilities for diagnostic and therapy; in such view, any sanitary unit, clinic or private office in România, where the adequate treatment can be rendered, can be used;
   **b)** is performed only according to the methods recognized, homologated and clinically tested in România.
7. In excess to the medical expenses mentioned in the present Clause, The Insurer will also bare the expenses incurred with the repatriation, as result of the Insured's death, within the limit of the sum for expenses, written in the policy.

8. The Insurer will not pay any indemnity in respect of:

a) chronic illness or sickness pre-existent to the beginning of the insurance and consequences thereof; the exclusion also applies for any medical procedures or accidents occurred within one year before the commencement of the insurance and for any consequences thereof;

b) any cost related to the treatment of cancer, sexual diseases, infection with HIV, AIDS and consequences thereof;

c) any events caused directly or indirectly by riots, rebellion, uprisings, revolution, war (declared or not), external invasion, civil war, fights, acts of terrorism; as well as any costs directly or indirectly related to actions made in the view of controlling, preventing or suppressing any before-mentioned event. Act of terrorism means an act involving the use of force or violence (threat included) by a person or group acting on own behalf or on behalf of any organization/government, committed for political, religious, ideological or ethnic purpose or reason or in order to influence any government or to spread the fear among people as well as the introduction or spreading in atmosphere, soil etc, of any products, substances or materials endangering people's life;

d) illness or accident caused directly or indirectly by any form of nuclear energy;

e) surgery treatment for the removal of physical flaws or anomalies (cosmetic treatment);

f) any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence house or similar institution;

g) any costs related to mental, psychiatric or psycho-somatic disorders;

h) expenses related to pregnancy, childbirth, medical treatments/check-outs specific for the pregnancy condition or due to chronic alterations caused by pregnancy and consequences thereof. However, according to the present conditions, in case of acute complications occurred during the first 30 weeks of pregnancy, the Insurer will indemnify medical procedures meant to directly avert danger to the life of the mother and/or child, provided the pregnant woman is under 38 years old;

i) medical procedures for investigation or treatment with experimental character and/or scientific nature and consequences thereof;

j) alternative medicine treatment, therapeutic procedure medically not recognized and not authorized by the competent medical institutions and consequences thereof ;

k) rehabilitation and physiotherapy or the costs of buying, repairing or replacing prostheses of whatever kind, glasses including contact lenses;

l) definitive dental treatment, root-canal therapy, orthodontics, paradental treatment, scaling, artificial teeth, dental crowns/bridges;

m)routine examination, general medical check-ups or controls (e.g. medical file), including routine vaccination imposed or requested by the medical authorities;

n) treatment or medical care by spouse, parents or children. Still, the confirmed material costs will be indemnified according to the insurance policy;

o) medical services not necessary in order to establish the diagnosis or for the carrying out of the treatment or not imposed due to an acute falling ill or bodily injury due to accident ;

p) medicines or medical treatment necessary to be taken or practiced and known or prescribed before the conclusion of the policy;

q) medical expenses incurred for hospitalization or as in-patient in specialised health resorts and/or for repatriation, not notified previously to the Insurer;

r) injury caused through suicide or suicide attempt, self-injury;

s) illnesses and accidents committed by the Insured deliberately or through any criminal act or as a result of the drunkenness, or the consumption of alcohol, drugs, pharmaceuticals;

9. The payment of the medical expenses can be made:

a) Directly to the sanitary unit, clinic or private office where the Insured was treated, placing at The Insurer's disposal the following information and documents:
   - Name of the Insured;
   - Number of the Insurance policy;
   - The invoice on the basis of which the payment for the medical services (check-ups, hospitalization, treatment etc.) rendered to the Insured must be earned;
   - Medical documents stating the diagnostic of the Insured and the medical services rendered to him and for which the invoice for cashing the counter value of the medical services has been issued; these documents must contain details of the treatment rendered and the date when this was carried out;

b) To the Insured, if he paid for the medical services rendered to him by the sanitary unit, clinic or private office, or he supported the medical expenses, in case of ambulatory treatment . In such case, the information and documents requested by The Insurer are:
   - The Insurance policy;
   - The identity document (passport);
   - The fiscal receipts on the basis of which the payment for the medical services was made by the Insured to the sanitary unit, clinic or private office and/or the medicines or sanitary materials, necessary for the treatment, have been bought by him;
   - Medical documents (including recipes) stating the diagnostic of the Insured, the medical services paid by him and/or the medicines or sanitary materials, necessary for the treatment and for which fiscal receipts have been issued; these documents must contain details pf the rendered treatment and the date when it was carried out;

10. The requests for the reimbursement of the medical expenses must be send to The Insurer within 10 days after the completion of the treatment.

11. Upon the Insurer's request, the Insured will give all the information necessary in order to establish the circumstances of the occurrence of the Insured event and the quantum of the indemnity.

12. Upon the Insurer's request, the Insured will authorize The Insurer to obtain all the information considered as necessary, from third parties (physicians, sanitary units, etc) and to relieve such persons from the obligation to keep the secret regarding the file in case.

13. The period of validity is the period stated in the policy to which the present clause attaches.

**Procedure to pursuit in case of illness or accident**

**A.** If you are hospitalized as consequence of an accident or illness, please contact The Insurer or forward the Insurance policy to a medical person who assist you, in order to contact us at the phone number 021/ 208 2171

**B.** If you have already paid the medical services, please contact our insurance company's branch where you concluded the insurance policy, in order to forward the documents in the view of reimbursing the expenses.

14. Other mentions…….…...….

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15. Notwithstanding anything to the contrary, all the provisions from "Conditions regarding Accident Insurance" , on the verso of the policy to which the present is annex, apply.

Date of issuance: ……..

Concluded in two copies, one for each signatory party.

| **INSURED,** | **INSURER,**<br>Allianz-Țiriac Insurance S.A. |
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| ……..…… | ……..…… |
| *(name, signature, stamp)* | *(name, signature, stamp)* |