

EXPERT MEDICAL OPINION ENROLMENT FORM

Application Number (for internal use only):

The Expert Medical Opinion service allows the patient to have access to leading specialists to obtain an expert medical opinion from them ("Expert Medical Opinion"). The Expert Medical Opinion will be based on the medical history and previous diagnosis provided by the patient's treating doctor(s) and reported by the patient (or the applicant acting on behalf of the patient). Without the required medical information and first diagnosis, it is not possible to submit an Expert Medical Opinion. The Teladoc Health doctors that will be guiding the patient through the Expert Medical Opinion service will be international certified doctors, licensed in the countries where they practise medicine. The patient should review the resulting Expert Medical Opinion report ("Report") with their treating doctor 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 the patient's medical history. The Report is intended to provide the patient with information that supplements the information the patient has already received from his / her treating doctor(s). The information contained in the Report shall not be used to substitute for the patient's treating doctor's recommendations. The patient should discuss the Report with his / her own treating doctors, who are responsible for the patient's care.

1. Applicant's contact information (Mandatory)

Applicant's Full Name: _____
First Name Middle Name Last Name

Preferred Tel. Number: _____ **E-mail:** _____

Preferred Language: _____

Relationship with the Patient? (Self, relative of patient or other, please specify): _____

2. Patient's information (Mandatory)

Patient's Full Name (if different from Applicant's): _____

Patient's Date of Birth (DD/MM/YYYY): _____ **Gender:** _____

National ID / Passport Number: _____

Preferred Tel. Number (if different from Applicant's): _____

E-mail (if different from Applicant's): _____

Preferred Language (if different from Applicant's): _____

Profession (if applicable to diagnosis): _____

3. Preferred time to be contacted

9:00-12:00 12:00-15:00 15:00-18:00

4. Attach the medical information available (Optional)

The medical history and written diagnosis by your treating doctor or general practitioner.
 Please attach the medical information available regarding the case.

5. Please briefly describe what support you require from the Expert Medical Opinion team (Please feel free to provide detailed information, if you wish)

Explain the reason why you are requesting the Expert Medical Opinion service. Please do not hesitate to ask all the questions and state all the doubts/concerns that you might have regarding the case.

ENROLMENT AGREEMENT

Prior to engaging the Expert Medical Opinion service, you - the patient/applicant, must read, understand and agree with the following terms and conditions:

1. All of the personal data, inclusive of sensitive personal data such as medical and health data about you, (collectively referred to hereafter as ("Personal Data")) contained in this Enrolment Agreement, and provided to Advance Medical Healthcare Management Consulting (Shanghai) Co. Ltd., part of Teladoc Health International, S.A.U. with its registered office at A711, 268 Tongxie Rd, Shanghai 200335, PRC. (hereinafter "Teladoc Health") in any manner, including telephonically, in relation to you and your case, will be used by Teladoc Health solely for the purposes of checking your eligibility for the utilization of the Expert Medical Opinion service with your insurer, Allianz PNB Life Insurance, Inc. and delivering the Expert Medical Opinion service to you. The Personal Data will be collected and processed in a secure and proper manner and at all times in accordance with applicable laws, including the General Data Protection Regulation (EU) 2016/679 (hereinafter "GDPR") on the protection of individuals with regards to the processing of personal data and on the free movement of such data, where applicable. You may request information about the personal data that Teladoc Health holds about you, and as to how Teladoc Health uses that personal data, and you may exercise your rights as set out under GDPR in relation to your personal data or ask for a copy of Teladoc Health's full privacy notice by contacting Teladoc Health's data protection department via secure email at lopd@teladochealth.com, indicating your name, what service was used and your telephone number, as well as attaching a copy of your ID or any other document that permits us to identify you. Your personal data will be kept for the duration of the service and, after that, until expiry of the applicable statutory liability period. Teladoc Health has appointed a Data Protection Officer that you can reach at: dataprotectionofficer@teladochealth.com.
2. Your personal data may be communicated to third parties contracted by Teladoc Health, which may be located inside or outside of the Philippines, including but not limited to the United States, European Union, or other Asian countries, but this communication will only take place where necessary for us to provide the Expert Medical Opinion service to you. By signing this document, you accept that we may share your personal data with such third parties for such purpose of providing you with the Expert Medical Opinion service.
3. You hereby accept that Teladoc Health and its employees may contact you in order to obtain necessary information, (which may include the collection of personal data) about you, to check your eligibility for the utilization of the Expert Medical Opinion service with your insurer, Allianz PNB Life Insurance, Inc. and to provide you with the Expert Medical Opinion service.
4. Teladoc Health may ask you to provide written authorization to Teladoc Health to enable Teladoc Health to access your treating physicians and other health care providers ("Your Doctors") in order to request that they release any relevant personal data about you to Teladoc Health as may be required to enable the required Expert Medical Opinion service to be provided. You may be requested to sign separate authorization forms for each of Your Doctors to permit them to share such relevant personal data about you with us but that is strictly for the purpose of us providing you with the Expert Medical Opinion service only.
5. You agree that you are responsible for providing complete and accurate medical information to Teladoc Health. In questions between you and Teladoc Health, it is your responsibility to ensure that all relevant information has been provided to Teladoc Health to enable Teladoc Health to provide the Expert Medical Opinion service to you.
6. Any Report provided as part of the Expert Medical Opinion service is the opinion of medical experts based on the medical information regarding your case that you provide to us and that we obtain from Your Doctors with your permission as set out above. The physician rendering the Report will not have the benefit of examining you in person, the ability to order additional tests, or have any information beyond what you or Your Doctors provide. Since the medical expert(s) will not personally examine you or order additional tests, it is not a medical diagnosis. Medical experts providing the Report or contributing to it through the Expert Medical Opinion service 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 Doctors. The information contained in the Report shall not be used to substitute for Your Doctors' recommendations or be conceived as a doctor-patient relationship. You should discuss the Report with Your Doctors who are responsible for your care.
7. Teladoc Health 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 Teladoc Health.
8. You hereby hold harmless and release Teladoc Health, 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 Teladoc Health, their officers, directors, employees and agents, and the opining physician(s) be liable for any damages, including 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.
9. You acknowledge that your health insurance might not cover a particular test or treatment recommended in the Report, as coverage depends on the terms of your health insurance policy. Teladoc Health and the medical experts do not make health benefits coverage decisions for your health insurance. Teladoc Health may supply information about treatment and/or medication, the cost of which may not be currently covered by your insurance policy. Teladoc Health will not fund the cost of that treatment and/or medication, and you are responsible for determining whether any treatment is covered under any plan of insurance. Please refer to your insurance agent / company to verify coverage and pre-authorise treatment.

10. If the applicant is not the patient or patient's authorised representative or legal guardian, we require written authorization from the patient for the release of any personal data.
11. Teladoc Health will not modify the content of the Report at the request of the patient or any other third party.
12. You hereby confirm and acknowledge that your current insurer is not associated with or responsible for the provision of services by Teladoc Health.
13. Teladoc Health uses data centres based in Asia, in the EU and in the USA to process your Personal Data and we confirm that we comply with all applicable privacy, security and data protection contingency measures, including the requirements of GDPR and the Health Insurance Portability and Accountability Act 1996 (HIPAA), as applicable. With your signature, you are accepting the international transfer of your personal data as stated above.
14. You may withdraw your consent for Teladoc Health to process your personal data, including, but not limited to name, email address, and medical and health data, as stated herein at any time. Once you assert this right, Teladoc Health will not process your personal data any longer unless legally required to do so. However, any withdrawal has no effect on past processing of personal data by Teladoc Health up to the point in time of your withdrawal.

I agree to the use of my personal data as set out in the privacy statement.

I have read and understood the preceding information. I agree with these terms. I agree to the use of my personal data as set out in the provisions of this Enrolment Agreement.

Signature Printed Name Date

Please sign and return a copy to allianzpnblife@teladochealthasia.com.
Our Physician Case Manager will call the patient within 24 hours after receipt of a copy of this Enrolment Form.

Please fill out this section if the Applicant is not the Patient. (Note: Allianz PNB Life Insurance, Inc. Representatives cannot provide consent/sign on behalf of the Patient.)

I, _____ (the "Patient") authorize
_____ (the "Applicant") with National ID /
Passport Number _____ to act on my behalf for the
purposes of this Expert Medical Opinion service.

Patient's signature: _____

Applicant's signature: _____