API 亞太財險 Asia-Pacific P&C

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醫療保險(門診)索償表格
OUTPATIENT MEDICAL CLAIM FORM

本公司專用 Office Use
賠案編號 Claim No. _____

請回答此表格上所有問題; 發出此表格並不代表本公司已承認責任。All questions must be answered; no liability is admitted by issuing this form.

受保險人資料 INSURED'S DETAILS　第一部份 Part 1

Name of Employer / Policyholder 僱主／團體名稱		Policy No. 保單編號
Name of Insured Employee / Member 受保僱員／成員姓名	Certificate / Staff No. 受保證明書／職員編號	Email 電郵
Name of Patient if other than Insured Employee / Member 病人姓名，如與受保僱員／成員非同一人	Relationship to Insured Employee / Member 與受保僱員／成員之關係 Spouse 配偶　Child 子女　Others 其他	Daytime Contact No. 日間聯絡電話

索償詳情 DETAILS OF CLAIM　第二部份 Part 2

Claim Notes
1. This Form is applicable to outpatient claim.
2. Each Claim Form is for one Claimant (Patient) only.
3. This Form must be submitted within 90 days of incurring such expenses.

Claim Procedures
1. Attach the Original receipt(s) issued by the doctor or certified true copy of receipt(s) issued by other insurers (if applicable). Each receipt MUST state the following information:
■ Full name of patient ■ Date of consultation / Date of treatment ■ Diagnosis
■ Breakdown of charges ■ Doctor's signature and official stamp ■ Name of Clinic/Laboratory/Hospital
2. For outpatient visits in public hospital/clinic, please attach the original receipts together with a copy of medical certificate / sick leave certificate with specified diagnosis or discharge summary. If no diagnosis is provided by the doctor, the Claimant (Patient) is required to supplement the exact diagnosis (e.g. Hypertension) on the abovementioned documents and confirm with a signatory.
3. For Laboratory Test, Specialist Consultation, Physiotherapy / Chiropractor and Prescribed Medicines claims, the Attending Physician's recommendation must be attached unless it is waived.
4. For Chinese Herbalist claims, the following documents must be submitted:
■ original receipt ■ prescription
5. Complete and sign this Form.
6. Provide copy of claim settlement advice from other insurers, if applicable.

索償注意事項
1. 此索償表格適用於門診索償。
2. 每張索償表格只限一名索償人(病人)。
3. 請於費用支出後 90 日內遞交此索償表格。

索償程序
1. 附上由醫生簽發的收據正本或由其他保險公司發出的收據核實副本 (如適用)。每張收據必須列明以下資料：
■ 病人姓名 ■ 診症日期 / 治療日期 ■ 病症名稱 ■ 收費項目說明
■ 醫生簽署及蓋章 ■ 診所、化驗所或醫院之名稱
2. 請附上由政府醫院或門診發出的收據正本及附有病症名稱的醫療證明書 / 病假證明書或出院撮要副本。若醫生未有註明病症名稱，索償人(病人)須於上述文件上補充確實的病症名稱(例如：高血壓) 並簽署確認。
3. 除已獲豁免外，所有化驗、專科門診、物理治療 / 脊醫治療及處方藥之索償申請均需附有主診醫生之轉介信。
4. 中醫門診索償申請必須提供以下文件： ■ 收據正本 ■ 中藥藥方
5. 填妥此索償表格及簽署。
6. 如適用，請提供其他保險公司之賠償結算通知書副本。

Date of Treatment 診治日期 (DD/MM/YYYY)	Amount Incurred 索償金額	Type of Claim (Please✓) 索償類別 (請用✓)							
		GP's Consultation 普通科醫生診症	#Chinese Medicine Practitioner Consultation / Bonesetting / Acupuncture 中醫 / 跌打 / 針灸	*Specialist's Consultation 專科醫生診症	*Physiotherapy / Chiropractic 物理治療 / 脊椎治療	*Lab Test 化驗	*Prescribed Medicine 處方藥	Dental 牙科	Others 其他

#Please attach Chinese Medicine prescription 請附上中藥藥方 * Please attach doctor's recommendation unless it is waived 除已獲豁免外，請附上醫生轉介信

Post-hospitalization follow up visit 出院後之跟進覆診 □ Yes 是 □ No 否
Date of hospitalization 住院日期： From 由_____(DD/MM/YY) to 至_____(DD/MM/YY)

☐ Return certified true copy of receipt(s) after claim processing. 如欲索回收據之核實副本，請於方格內填上✓號。

聲明及授權 DECLARATION AND AUTHORIZATION　第三部份 Part 3

1. 本人現聲明上述所填報的資料均屬真實、正確及完整。
I hereby declare that all of the above information given is true, correct and complete.
2. 本人在此授權任何持有本人資料或健康紀錄之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷病之病歷，診斷報告、藥方或治療及所有醫院或醫療紀錄副本給與**亞太財產保險有限公司-香港分公司** 或其代理人。此授權書之影印本與正本具同等效力。
I hereby authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish **Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch** or its authorized representative with any or all information with respect to any illness, injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

_____　_____　_____
索償人簽署 Signature of Claimant　病人簽署 Signature of Patient　日期 Date

收集個人資料聲明 Personal Information Collection Statement　第四部份 Part 4

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The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch Requests for such access can be made to our Data Protection Officer.