安盛

Medical Claim Form (In Patient)

(Applicable to GlobalReach Medical Insurance Plan/ Global Elite II Health Plan/ Global Elite Health Plan/ AXA Executive Health Medical Plan)

住院索償申請表

(適用於臻尚環球醫療保障 / 寰宇特選 II 醫療計劃 / 寰宇特選醫療計劃 / AXA 卓宇醫療保障計劃)

Policy Number 保單編號:

The "Company" or "AXA"
"本公司"、"貴公司"或"AXA 安盛":

AXA China Region Insurance Company (Hong Kong) Limited
安盛金融保險(香港)有限公司
☎ 0800-184
@ axa.ge@axa.com.hk

Part I - To be Completed by Insured / Policyowner
第一部份 - 必須由被保人 / 保單持有人填寫

Important Notes :
1. This form is to be filled by the Insured/Policyowner. Please do not sign on blank form and use the same signature as policy record.
2. No fees, commission or charges of whatever nature are payable to financial consultant or employees of the Company in respect of this claim.
3. To enable us to process your claim promptly, please answer all questions in this form as fully and accurate as you can.

重要事項 :
1. 此申請表格應由被保人 / 保單持有人填寫。請勿在空白申請表格上簽署，而簽名式樣須與保單的記錄相符。
2. 有關本索償，客戶無需支付任何手續費、佣金或其他任何性質的費用予本公司的理財顧問或其他僱員。
3. 請正確回答此表格上的所有問題，以供我們批核閣下的索償申請。

Financial Consultant's Code 理財顧問編號	Financial Consultant's Name 理財顧問姓名	Financial Consultant's Contact Number 理財顧問聯絡號碼

1. Details of Insured 被保人資料

Policy Number 保單號碼	Full Name of Insured 被保人姓名	Contact Number 聯絡電話	Email Address 電郵地址
Current Residing Address and Country 目前居住地址和國家			

Do you suffer from any long-term illness/chronic illness/or need long-term medication?
閣下是否患有任何長期病患/慢性疾病/或需長期服用藥物?

Disease 疾病	Onset Date 病徵出現日期 Remission Date (Cancer) 緩解日期 (癌症)	Medical Practitioner / Hospital 醫生 / 醫院	Name of Regular Medications 常規藥物名稱	Contact Details 聯絡詳情
Hypertension 高血壓	(dd/mm/yyyy) (日/月/年)			
Diabetes Mellitus 糖尿病	(dd/mm/yyyy) (日/月/年)			
Dyslipidemia 血脂異常	(dd/mm/yyyy) (日/月/年)			
Cancer 癌症	(dd/mm/yyyy) (日/月/年)			
Others 其他: (1) _____ (2) _____ (3) _____	(dd/mm/yyyy) (日/月/年)			
Name of Usual /Family Doctor, Clinic Address, Contact Number 慣常、家庭醫生之姓名及地址及電話				

CMA3GEHCLM

GEGR(MACAU)/IP-NOV25

2. Cause of Hospitalization 住院原因

☐ Due to an Illness 由疾病導致

Diagnosis / Symptoms Presented 診斷 / 出現的病徵	Onset Date (dd/mm/yyyy) 病徵出現日期 (日/月/年)	Date of the First Consultation for this Condition (dd/mm/yyyy) 首次求診日期 (日/月/年)

☐ Due to an Accident 由意外導致

Date and Time of Incident 意外日期及時間	Signs of Bodily Injury e.g. visible bruise or wound 身體明顯瘀痕或傷痕	Place 意外地點
How did the Accident Happen 意外發生經過		

Any previous consultation/ treatment/ hospitalisation in the last 5 years for current claim medical condition, in this hospital or any other facilities?
If yes, please provide details below:
過去五年曾否因是次申請索賠之同類病況於此醫院或其他機構求診/接受治療/住院？如有，請詳細說明：

Date (dd/mm/yyyy) 日期 (日/月/年)	Disease (Details of Treatment) 疾病 (治療詳情)	Medical Practitioner / Hospital 醫生/醫院	Contact Details 聯絡詳情	Please Provide the Related Report(s) 請提供相關醫療報告

3. Detail of Current Hospitalization 住院記錄

Date of Admission (dd/mm/yyyy) 入院日期 (日/月/年)	Date of Discharge (dd/mm/yyyy) 出院日期 (日/月/年)	Name and Address of Medical Practitioner / Hospital 醫生 / 醫院名稱及地址	Diagnosis and Date of Diagnosis (dd/mm/yyyy) 診斷及診斷日期 (日/月/年)

4. Other Insurance Coverage 其他保障資料

Did / Will you apply for claim from other insurer(s) for the same event？ 閣下有否就是次索償曾 / 將會向其他保險公司申請理賠？
If yes, please provide policy details below. 如是，請提供保單資料。

Name of Insurance Company 保險公司名稱	Policy Number 保單編號	Benefit Amount 保障金額	Claims Status 賠償結果

For other AXA Medical Insurance:
If you would like to claim the remaining balance of the medical expense under other your other inforce AXA policy(ies), please provide the policy information of the relevant policy(ies).
其他 AXA 安盛醫療保單：
如欲將是次索償之醫療費用餘額於其他 AXA 安盛之保單上提出索償 (如適用)，請提供以下有關保單資料。

Policy Number 保單編號	Product Name 保障計劃

5. Settlement Method 付款方式*

☐ By Cheque 支票

☐ HKD 港幣 ☐ Policy Currency 保單貨幣

* Note: The settlement amount will be in HKD, unless specified.
注意 : 除非另行說明，賠償金額會以港幣支付。

6. Guideline for Document Submission 遞交索償申請所須文件指引

Please tick against the documents you have submitted together with this claim form. We will notify you or your financial consultant if we need to obtain extra information from you or from other parties to assess your claim. As the time required for obtaining the information varies, the processing time of your claim will likely take longer time.

請於連同索償表格遞交文件之方格內加上剔號。如需要閣下或其他機構提供進一步資料作閣下之索償申請，本公司會通知閣下或閣下之理財顧問。由於收集有關之資料時間有異 , 閣下之索償申請時間有可能因此而延長。

☐ 1. Completed Claim Form (original)
已填妥的索償申請表 (正本)

☐ 2. Itemized Detailed Bill with Cost Breakdown (original/certified copy)
詳細分項列明的費用明細 (正本/核證副本)

☐ 3. Result of the Diagnostic Test (Laboratory Result, X-Ray / MRI etc- original/certified copy) (where applicable)
診斷測試結果 (化驗結果、X 光、磁力共震造影等正本/核證副本) (如適用)

☐ 4. Prescription (original/certified copy) (where applicable)
處方 (正本/核證副本) (如適用)

☐ 5. Hospital Discharge Summary (copy)
出院報告 (副本)

☐ 6. Medical Reports Associated to the Existing Medical Condition (where applicable)
任何有關聯的醫療報告 (如適用)

☐ 7. Copies of the Identification Document of the Policyowner and the Insured (unless submitted before)
保單持有人及被保人的身份證明文件副本 (除非早前已提交)

☐ The original supporting document(s) including receipt(s) will not be returned. Please "✓" this box if you want a certified true copy of original supporting document(s).
正本文件包括收據並不會退還。 如欲索取正本文件的核實副本，請在空格內填上「✓」號。

7. Declaration and Autorisation 聲明及授權

I/WE HEREBY DECLARE AND AGREE on behalf of myself and other person referred to in this form that all statements and answers to all questions are to the best of my/our knowledge and belief complete and true.
I/WE HEREBY AUTHORISE that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to the Company and/or Company's designated service provider for pre-authorisation and claims purpose as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this application and any pre-authorisation or claim arising therefrom. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.
I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS") stated on page 4 and page 5. I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA China Region Insurance Company (Hong Kong) Limited / AXA China Region Insurance Company Limited in accordance with the PICS.
In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

本人/我們謹此代表本人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，就本人/我們所知所信，均為事實全部並確實無訛；本人/我們謹此代表相關人士授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人/我們之記錄，均可應貴公司要求將該等資料提供給貴公司及/或貴公司指定的服務供應商作預先批核及理賠之用；(2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之預先批核或賠償申請替本人/或任何與此有關之預先批核或索償申請替本人/我們進行所需之醫療評估及測試，作為審核本人/我們之健康狀況。此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。
本人/我們確認本人/我們已閱讀並明白於第四頁及第五頁的收集個人資料的聲明《該聲明》。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》，而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人/我們特此確認並同意安盛金融保險 (香港) 有限公司/安盛金融有限公司根據《該聲明》使用及轉移本人/我們的個人資料。
如中英文版本的條款有任何分歧，請以英文版本為準。

8. Personal Information Collection Statement 收集個人資料的聲明

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the regulations in relation to personal data protection. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (**"Purposes"**), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (**"our affiliates"**) or our business partners (see **"Use and provision of personal data in direct marketing"** below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Macau or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Macau or elsewhere and in this regard you consent to the transfer of your data outside of Macau;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/ services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Macau or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Macau or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below **"Use and provision of personal data in direct marketing"**.
Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
   a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
   b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
   a) any of our affiliates;
   b) third party financial institutions;
   c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
   d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data"**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the regulations, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company (Hong Kong) Limited
Avenida do Infante D. Henrique No.43-53A, 20 Andar, The Macau Square, Macau

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本公司明白其就個人資料保護相關法例收集、持有、處理、使用和/ 或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料（包括信用資料和以往申索紀錄），並可能因下列各項目的（**"有關目的"**）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（**"安盛關聯方"**）或本公司的商業合作夥伴（參閱下文**"在直接促銷中使用及將其個人資料提供予其他人士"**部份）之產品/ 服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/ 服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/ 管理已發出的保單；
4. 與就本公司和/ 或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為（無論是否與就由本公司及/ 或安盛關聯方提供的產品/服務有關）；
6. 評估閣下的財務需求；
7. 為客戶設計產品/ 服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在澳門或澳門以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和/ 或信用核查和/或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於澳門或澳門以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至澳門境外；
2. 與就本公司和/ 或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 在澳門或澳門以外其他地方向本公司和/ 或安盛關聯方提供行政，技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
6. 在澳門或澳門以外其他地方的任何政府部門或其他適當的政府或監管機關；及
7. 在有合理需要履行任何上述有關目的段落2, 3, 4 及5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文**"在直接促銷中使用及將其個人資料提供予其他人士"**部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士：

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
   a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
   b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/ 或以下機構提供：
   a) 任何安盛關聯方；
   b) 第三方金融機構；
   c) 提供上文2. 所列之服務及產品之本公司及/ 或安盛關聯方的商業合作夥伴或合作品牌夥伴；
   d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1. 段部份所述的資料提供予上文3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文**"個人資料的查閱和更正"**部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據相關法例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

澳門殷皇子大馬路43-53A號澳門廣場20 樓

安盛金融保險（香港）有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

Name of Claimant* 索償人姓名*	Signature of Claimant* 索償人簽署*	Signature Date (dd/mm/yyyy) 簽署日期 (日/月/年)
Macau ID Card / Passport Number 澳門身份證 / 護照號碼	Relationship to Insured 與被保人關係	
Name of Insured 被保人姓名	Signature of Insured** 被保人簽署**	Signature Date (dd/mm/yyyy) 簽署日期 (日/月/年)
Macau ID Card / Passport Number of Insured 被保人澳門身份證 / 護照號碼		

Name of Financial Consultant / Witness 理財顧問/見証人姓名	Signature of Financial Consultant / Witness 理財顧問 / 見証人簽署	Signature Date (dd/mm/yyyy) 簽署日期 (日/月/年)

* Note : Claimant refers to Insured or Policyowner or the person who filed a claim against the Company
* 注意 : 索償人指被保人或保單持有人或 向公司索償的人士

** If Insured is not Policyowner and Insured is over 18 years old, Insured needs to sign below
** 若被保人並非保單持有人，而被保人已年滿18 歲，被保人必須於以下簽署

If you have any questions regarding this form or any other aspects of the coverage, please contact our Customer Service at 0800-184 quoting your policy numbers.

Claims must be submitted along with all supporting documents within 90 days from date of service. Send this claim form together with all supporting documents to Avenida do Infante D, Henrique, No. 43-53A, 20 Andar, The Macau Square, Macau

若閣下對本申請表格或其他保單相關事宜有任何疑問，請致電 0800-184 聯絡我們的客戶服務，並提供閣下的保單編號。
索償申請須於接受診治後 90 天內，連同所有證明文件一併呈交。請將此申請表與所有證明文件發送至澳門殷皇子大馬路 43-53A 號澳門廣場 20 字樓

Part II - To be Completed by the Attending Medical Practitioner at the Insured or Policyowner Own Expenses
第二部份 - 必須由主診醫生填寫，所需費用由被保人或保單持有人自行承擔

9. Patient's Details 病人資料

Full Name of Insured 被保人姓名	Macau ID Card / Passport Number 澳門身份証 / 護照號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	Gender 性別

10. Known History with Patient 病人求診資料

Date of patient first consulted you for the condition related to this admission 有關是次住院疾病病人首次求診日期 Date (dd/mm/yyyy) 日期 (日/月/年)	Name and Address of Referring Doctor (Please enclose referral letter, if any) 轉介醫生之姓名及地址 (請提供轉介信，如有)	Please provide details of patient's regular doctor, if any 請提供病人的慣常醫生姓名，如有

11. About the Hospitalization 有關住院資料

Name of Hospital / Day Case Unit 醫院 / 日症中心名稱	Date of Admission (dd/mm/yyyy) 入院日期 (日/月/年) Date of Discharge (dd/mm/yyyy) 出院日期 (日/月/年)
Name of Surgery or Procedure 手術名稱或程序	Nature and Results of the Operation 手術性質及結果
ICD 10 Codes	CPT Codes
Chief complaint of the patient relating to this hospitalization or surgery 是次住院或手術的原因	
Brief Discharge Summary (including treatment, investigation procedures, results, and / or any complications and follow up plans) 出院撮要 (包括治療、診查程序、結果、和 / 或任何併發症、及跟進計劃)	
Did the patient take any home leave during the hospital confinement 病人是否於住院期間離院？ ☐ YES 是 ☐ NO 否	
If yes, please specify the reason for home leave 如有，請說明住院期間離院的原因	Period of home leave 住院期間離院時段

12. About the Medical Condition 有關住院病情

☐ Due to an illness 由疾病導致

Diagnosis 診斷	Date of Diagnosis (dd/mm/yyyy) 診斷日期 (日/月/年)
Symptoms Presented during First Consultation 首次求診的病徵	Duration of Symptoms 病徵出現時間
Date of the First Consultation for this Condition (dd/mm/yyyy) 首次求診日期 (日/月/年)	Underlying Cause 根本原因
Has the patient ever had the same or similar conditions or symptoms in the past 5 years that is related to the current condition ? If yes, please elaborate. 病人過去五年曾否患有同類病況與目前的病況有關？ 如有，請詳細說明。	

☐ Due to an Accident 由意外導致

Date and Time of Incident 意外日期及時間	Signs of Bodily Injury e.g. visible bruise or wound 身體明顯瘀痕或傷痕
How did the Accident Happen 意外發生經過	

Conditions 病況	**Related 相關**	**If yes, please state details. 如有，請詳細說明。**
1. Congenital condition 先天性疾病 / 異常	☐ YES 是 ☐ NO 否	
2. Self-inflicted injury 自我傷害	☐ YES 是 ☐ NO 否	
3. Mental disorder 精神紊亂	☐ YES 是 ☐ NO 否	
4. Abuse of alcohol or drugs 濫用酒精或藥物	☐ YES 是 ☐ NO 否	
5. Obesity, weight reduction or weight improvement 體重因素	☐ YES 是 ☐ NO 否	
6. Pregnancy, childbirth caesarian section, abortion, or miscarriage 懷孕、分娩、墮胎或流產	☐ YES 是 ☐ NO 否	
7. Infertility or sterilization 不育或絕育	☐ YES 是 ☐ NO 否	
8. Treatment for cosmetic purpose 美容性質的治療	☐ YES 是 ☐ NO 否	
9. General check-up 一般身體檢查	☐ YES 是 ☐ NO 否	
10. Sleep disorder 睡眠障礙	☐ YES 是 ☐ NO 否	
11. AIDS, HIV sexually transmitted disease 愛滋病，人類免疫力缺損	☐ YES 是 ☐ NO 否	

Kindly provide the history of patient's visit/ consultation record with your good self 請提供病人求診記錄

Date (dd/mm/yyyy) 日期 (日/月/年)	Symptoms Presented / Chief Complaint 出現的病徵 / 主要的病況	Diagnosis 診斷	Investigation Performed 進行之檢查	Treatment Given 給予之治療	Name and Address of Referring (Please enclose referral letter, if any) 轉介醫生的姓名和地址 (請提供轉介信，如有)

Does patient suffer from any long-term illness / chronic illness / or need long-term medication?
病人是否患有任何長期病患 / 嚴重或慢性疾病 / 或需長期服用藥物？

Disease 疾病	Onset Date 病徵出現日期 Remission Date (Cancer) 緩解日期 (癌症)	Medical Practitioner / Hospital 醫生 / 醫院	Name of Regular Medications 常規藥物名稱	Contact Details 聯絡詳情
Hypertension 高血壓	(dd/mm/yyyy) (日/月/年)			
Diabetes Mellitus 糖尿病	(dd/mm/yyyy) (日/月/年)			
Dyslipidemia 血脂異常	(dd/mm/yyyy) (日/月/年)			
Cancer 癌症	(dd/mm/yyyy) (日/月/年)			
Others 其他: (1) _____ (2) _____ (3) _____	(dd/mm/yyyy) (日/月/年)			

Name of Usual / Family Doctor, Clinic Address, Contact Number 慣常、家庭醫生之姓名及地址及電話

13. Progress of Recovery 康復進度

Date of the Last Consultation (dd/mm/yyyy) 最後求診日期 (日/月/年)	Physical Findings 身體情況	Treatment 治療
Indication for the Follow-up 覆診指示	Current Physical or Mental Impairment 現時身體或精神狀態	Factors there may have contributed or lengthened the period of disability 延長是次傷殘時間的原因

If patient is still unable to return to regular occupation, what is the future treatment/rehabilitation plan? And what is the expected date he/she may engage in any other occupation?
如病人仍然不能回復日常工作，是否有其他治療、復康計劃？預計病人何時可從事任何其他工作？

14. Medical Practitioner Declaration and Agreement 醫生聲明及同意

I HEREBY CERTIFY that I have personally examined and treated the Patient in connection to the above condition and that the facts as given above present my opinion of his/her condition. I declare and agree to make the declaration on this claim form.
本人謹此聲明曾為病人作出診治，以上填報的各項資料乃本人基於以上的情況而提供意見。本人謹此聲明及同意上述一切陳述及問題的所有答案均為事實之全部並確實無訛。

<table>
<tr><td>Name of Medical Practitioner 醫生名稱</td><td>Qualification 醫學資格</td><td>Specialty 專業資格</td><td rowspan="3">Chop 蓋印:</td></tr>
<tr><td colspan="3">Contact Number & Mailing Address 聯絡電話及地址</td></tr>
<tr><td>Signature of Medical Practitioner 醫生簽署</td><td colspan="2">Date 日期 (dd/mm/yyyy) (日/月/年)</td></tr>
</table>

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