BUPA HOSPITAL CLAIM FORM
保柏住院賠償申請表

Bupa 保柏

Only completed original claim form is accepted 只接受已填妥之賠償申請表正本

Part I - To be Completed by Member 第一部份 - 由會員填寫

Membership No. of Patient 病人會員編號 (16 digits位)

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Claim Form No.
賠償申請表編號

Must be completed 必須填寫

Name of Subscriber / Employer :
投保人 / 僱主名稱 _____

Name of Employee
(For group contract only) :
僱員姓名（只適用於團體合約） _____

Name of Patient (If other than Subscriber / Employee) :
病人姓名（如非投保人或僱員） _____

Occupation (For Bupa Hospital Cash Insurance Scheme only) :
職業（只適用於「保柏住院現金」保障計劃） _____

Day Time Contact Tel No. :
日間聯絡電話 _____

Date of Hospitalisation / Day Case Surgery : From _____ to _____
住院 / 日症手術日期 由 DD 日/MM 月/YY年 至 DD 日/MM 月/YY年

HKID Card No. / Passport No. :
香港身份證號碼 / 護照號碼 _____

Email Address :
電郵地址 _____

If hospitalisation was due to illness 若因疾病而住院

1. Describe the symptoms and abnormalities which led to the hospitalisation
   請列出病人因何不適及有何異常導致是次入院
2. Name, address and tel no. of doctor / hospital the patient first consulted for the illness
   初診醫生姓名 / 醫院名稱、地址及電話號碼
3. Date of the first consultation 初診日期
4. When did these symptoms first appear? 病人於何日首次出現上述症狀?
5. Has the patient received any treatment for similar or related illness by other doctor(s) or been admitted to hospital in the past? 病人曾否因同一或有關之病症而向其他醫生求診或入院?
   Yes 有 ☐ No 無 ☐ If Yes, please specify 如有，請詳述
   Treatment Date 診治日期 _____
   Name and address of the doctor(s) / hospital(s) 醫生姓名 / 醫院名稱及地址

If hospitalisation was due to accident 若因意外而住院

1. When did it happen? 意外發生日期?
   Date 日期 _____ Time 時間 _____
2. Where and how did it happen? 意外發生的地點及經過?
3. Injured area, type and severity of the injury. 受傷部位、類別及傷勢。
4. Did the patient report to the police? 病人有否報警?
   Yes 有 ☐ Send us a copy of the police report 請提交有關檔案副本一份 No 否 ☐
5. Was there any concurrent / predisposing illness at the time of the accident?
   意外發生時，是否有其他已存在之疾病?

Have you filed or will you file this claim under another Bupa contract or with any other insurers? 就有關治療，您曾否或將會透過保柏其他合約或其他保險公司索償? ☐ Yes 有 ☐ No 無

If Yes, please specify the name of the insurer / organisation: 如有，請列明保險公司 / 機構名稱 _____

Policy No. / Membership No.:
保單或會員編號 _____

☐ If you need to file this claim with another insurer, please check the box and we will return a certified true copy of your receipt to you.
如須向其他保險公司索償餘額，請於方格內填上「√」號。我們將退回收據的核實副本。

Declaration and Authorisation 聲明及授權書

I hereby declare that the above information given is true and correct.
I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.
I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa to accept or process the claim.

本人謹此聲明，以上所填報之一切資料，均屬真確無訛。
本人並且授權任何為本人 / 會員觀察或治療的醫生、醫院、診所，或持有本人及 / 或會員健康或任何資料之保險公司或機構將本人及 / 或會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。
本人明白， 如本人及 / 或會員未能就本賠償申請表所需提供足夠資料，可能會導致保柏不能接受或處理本賠償申請。

Personal Information Collection Statement 個人資料收集聲明

I have read and understand the Personal Information Collection Statement on the last page of this application form. I understand that I have the right to request Bupa to cease using my / the Member's Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.
本人已細閱並明白本申請表最後一頁的個人資料收集聲明，並明白本人有權致函保柏的保障資料主任或致電客戶服務專線，以要求保柏停止將本人 / 會員的個人資料作直接市場推廣用途。

X _____
Signature of Patient/Parent or Legal Guardian (Applicable for age below 18) 病者簽署 / 父母或合法監護人簽署 (適用於18歲以下之病者)

X _____
Date 日期

Claims Procedure 索償程序

To help us to process your claim promptly, please check that you have:

- Fully completed and signed the claim form
- Member no. of patient must be completed
- Requested your attending doctor to answer all questions in Part II, sign and stamp the form
- Attached all **original** payment receipts, doctors slips, medical reports and hospital bills showing: treatment date, name of patient, diagnosis and breakdown of charges
- Attached pre-authorisation confirmation, if applicable
- Attached referral letters for any specialist consultations or SRN nursing
- Attached the copies of histopathology, endoscopic, diagnostic / laboratory tests reports, and / or operating theatre summary

No Reimbursement of claims shall be made for:

- Claim(s) submitted after 90 days from the date of discharge / treatment
- Insufficiency of required information

為了使我們能儘速處理閣下之索償申請，請您檢查是否已:

- 填妥及簽署此申請表
- 請填妥病人會員號碼
- 請您的主診醫生填妥第二部份，簽署及蓋章
- 附上所有醫療賬單收據、醫療報告及醫生收費單之**正本**，並列明: 診治時間、病人姓名、病症及各收費項目
- 附上初步保障審核確認(如適用)
- 附上專科診治或私家看護之醫生轉介信
- 附上病理學、內規鏡、診斷性化驗 / 檢驗報告及 / 或手術室攝要副本交回本公司

根據以下情形，賠償申請將不獲辦理:

- 賠償申請表於出院 / 治療日90天後遞交
- 所需資料不足

Please send this completed claim form with attachment(s) to: 填妥之賠償申請表及附帶文件請交回:

Bupa (Asia) Limited - Claims Dept. 保柏（亞洲）有限公司 - 理賠部收

18/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong 香港鰂魚涌華蘭路25號大昌行商業中心18樓
Customer Care helpdesk 客戶服務專線:
- Individual members 個人計劃會員 (852) 2517 5333 - Group members 團體計劃會員 (852) 2517 5388 - Bupa Gold members 保柏尊貴寶會員 (852) 2517 5383
Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk

OP/BCFH-HH/0713-20K

Part II - To be Completed by Surgeon / Attending Physician 第二部份 - 由主診醫生填寫

Remarks: Please attach copies of histopathology, endoscopic, diagnostic / laboratory tests report, operating theatre summary
備註：請連同病理學、內規鏡、診斷性化驗 / 檢驗報告、手術室撮要副本交回。

Name of Patient 病人姓名: _____ HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼: _____

Admission Date 入院時間: _____ Discharge Date 出院日期: _____

A. Clinical History 門診病歷

1. Date on which the patient first consulted you for the condition or related illness / injury which led to this hospitalisation / treatment / diagnostic tests?
病人首次就上述病況或有關疾病或受傷，而導致是次住院 / 治療 / 診斷性化驗之求診日期?

_____

2. What were the patient's chief symptom(s) / complaint(s) for this hospitalisation / treatment / diagnostic tests? 病人是次主要因何徵狀或申訴入院、接受治療或診斷性化驗?

_____

3. How long had the patient been experiencing these symptoms before the first consultation? 在病人首次求診前，該傷病已患有多長時間?

_____

B. Hospitalisation History 住院病歷

Final diagnosis 病症結果: _____ When was it made 您是何時對病人作出診斷? _____

Operation performed 手術名稱: _____ Date of Operation 手術日期: _____

Surgeon / Assistant Surgeon name 外科醫生 / 助理外科醫生姓名: _____

Recommended treatment, diagnostic tests and the reason
for the treatment 轉介之治療，診斷性化驗名稱及原因: _____

_____

1. If you have referred other doctor to the patient during the hospitalisation, please provide the following relevant information.
於住院期間，如閣下已將病人轉介往其他醫生，請提供下列有關資料。

Referred doctor name 醫生姓名	Referral reason 轉介原因	What treatment the doctor performed 治療名稱

2. Brief discharge summary (including onset and duration of sign and symptoms / disease, etiology, types and results of major examination, treatment, complication and follow-up plan). 出院撮要:（請列出有關疾病及病徵的病發日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃。）

_____

_____

3. Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出?
No 無 ☐ Yes 有 ☐ Please state the date, time and reason 請列明日期、時間及原因

_____

4. If hospitalisation has been arranged for scans, diagnostic testing or a procedure that is normally carried out as a day case, please explain the reason.
如此次住院是因為進行診斷掃描、檢驗或一般日症手術，請說明安排病人住院之原因。

_____

C. Professional Commenty 專業意見

1. In your opinion, was the hospitalised illness a recurrent episode or a chronic disease? If so, when would be the first episode?
就閣下意見，是次病況是否為復發性病症或慢性病症? 如是，何時為首次病發日期?

_____

2. Has the patient ever had the same or similar symptoms(s) before? 病人以前曾否患有同類病況?
No 無 ☐ Yes 有 ☐ Please state when and describe details 請說明日期及詳情

_____

3. Was the condition due to or associated with the following (circle the right answers) 上述情況是否因以下問題所致?（請圈出正確答案）
accidental bodily injury / the abuse of drugs or alcohol / AIDS / HIV related illness, veneral disease or sexually transmitted disease / pregnancy, infertility or sterilisation / refractive error / treatment for cosmetic purpose / mental or nervous disorder / congenital condition / hereditary condition / developmental condition / self inflicted injury / general check-up or vaccination / **NONE OF THE ABOVE**
身體意外受傷 / 濫用藥物或酒精 / 後天免疫力缺乏症（愛滋病）/ 與人類免疫力缺損病毒（HIV）、性病或因性接觸感染之疾病 / 懷孕、不育或絕育 / 視力不正常 / 美容治療 / 精神或神經病 / 先天性症狀 / 遺傳性疾病 / 發育異常 / 自我傷害 / 一般身體檢查或防疫注射 / **以上全部不對**

4. Had the patient been previously treated or hospitalised for this or any other disorders? If so, please give a brief summary (including onset and duration of sign and symptoms / disease; etiology; type and results of major examination; treatment and follow up results)
病人過去曾否就此疾病或其他病症而需接受診治或入院接受治療? 如是者，請說明撮要（請列出有關病況及病徵的病發及痊癒日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃。

Dates 日期	Disease / Disorder / Complaint 疾病 / 失調 / 申訴	Details of treatment / hospitalisation 治療 / 住院的詳情	Name of doctor / hospital 西醫姓名 / 醫院名稱

(Please use any separate paper with the doctor's signature on it if more space is needed 若需另頁填寫，每張紙都須有醫生的簽署作實)

D. Others 其他

1. Are you the patient's usual physician? 閣下是否病人的長期醫生?
   i. Yes 是 ☐ please fill in question 2 請填寫問題 2
   ii. No 不是 ☐ Does the patient have any other usual / family doctor(s)? if Yes, please give us the name(s) and telephone no.
   病人是否有其他的長期 / 家庭醫生? 如是者，請提供姓名及電話號碼 _____

2. Please fill in the date of consultation and the symptoms and complaints of the patient for each consultation 請填寫診治日期及每次診治的病徵及申訴

Consultation date 診治日期	Symptoms / Complaints 病徵 / 申訴	Recommended tests / treatment 已轉介的檢查或治療

3. If you are referred by other doctor, please provide the doctor name, contact number and address. 如閣下乃其他醫生轉介，請提供該醫生的姓名、聯絡電話及地址。

_____

Surgeon / Attending Physician's particulars 主診醫生資料

Name of Doctor 醫生姓名: _____ Telephone No. 電話: _____ Email Address 電郵地址: _____

Address 地址: _____

Signature and Chop of Surgeon / Attending Physician 主診醫生簽署及蓋章	**Authorised Signature and Chop of Hospital 醫院授權簽署及蓋章**
X	X
Date 日期 :	**Date 日期 :**

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")
Personal Information Collection Statement (the "Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or the Member, to supply the Company with certain personal information including without limitation your name, identity card number (and copy of identity card), passport number, contact information, health and medical information(including family history)and financial information ("Personal Information") when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy ;
2. **Failure to supply Personal Information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;**
3. During the course of your relationship with the Company, further Personal Information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company.
4. **Personal Information relating to you, or the Member, may be used for the following purposes:**
   a. processing, assessing and determining any Applications for insurance products and services;
   b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
   c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, processing, assessing, determining or responding to such claims;
   d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
   e. provision and design of products and services of the Company;
   f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
   g. communication with you or the Member in relation to any of the purposes set out in this Statement;
   h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
   i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
5. **Personal Information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may provide such Personal Information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
   a. British United Provident Association Limited and Bupa International Limited ("Group Company");
   b. any insurance intermediaries authorised by you and the Company
   c. any re-insurance companies authorised by the Company;
   d. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, research agencies and professional advisors);
   e. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business;
   f. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
6. The Company may use your, or the Member's, Personal Information to provide you, or the Member with Marketing Communications relating to the following products and services of the Company or Group Company, including but not limited to:
   a. insurance and related services and products; and
   b. rewards, member activities, loyalty or privileges programmes and related services and products.
   The Company will not disclose Personal Information relating to you, or the Member to third parties for marketing purposes without your consent.
7. **Under and in accordance with the terms of the Ordinance, you have the following rights:**
   a. to check whether the Company holds Personal Information relating to you or the Member and to access such Personal Information;
   b. to require the Company to correct any Personal Information relating to you or the Member which is inaccurate;
   c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
   d. to request the Company to cease using your Personal Information for direct marketing purposes.
   Requests can be made in writing to the Company's Data Protection Officer at the following address:
   Data Protection Officer,
   18/F, DCH Commercial Centre,
   25 Westlands Road, Quarry Bay, Hong Kong
8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any Personal Information access or correction request.
9. For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Statement shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏（亞洲）有限公司(「本公司」)
有關個人資料（私隱）條例（「條例」）之個人資料收集聲明(「本聲明」)

遵照條例，本公司特意通知閣下以下事項：

1. 在閣下或會員向本公司申請保險或金融產品及服務，或當閣下更改保單或續保時，必須不時向本公司提供個人資料包括但不限於閣下之姓名、身份證號碼（及副本）、護照號碼、聯絡資料、健康或醫療報告(包括家族病歷)及財務資料(「個人資料」)；
2. **如閣下未能提供本公司所要求的個人資料，本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務；**
3. 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料，例如當閣下向本公司提出保險索償時。
4. **閣下或會員的個人資料可能會用作下列用途：**
   a. 處理、評估、決定任何保險產品及服務之申請；
   b. 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員；
   c. 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、處理、評估、決定或回應該等索償；
   d. 執行與本公司所提供的保險產品及/或服務相關的功能及活動，包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排；
   e. 提供及設計本公司的產品及服務；
   f. 行使本公司向閣下或會員提供保險和服務時有關的權利，例如釐定閣下拖欠的任何款項的金額，及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
   g. 就任何本聲明中所述的用途與閣下或會員聯絡；
   h. 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；及
   i. 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露。
5. **有關閣下或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人提供該等個人資料作第(4)及第(6)段列出的用途：**
   a. British United Provident Association Limited 及 Bupa International Limited (「集團公司」)；
   b. 任何由閣下及本公司授權的保險代理人；
   c. 任何由本公司授權的再保險公司；
   d. 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師、理賠調查員、收數公司、資料處理公司、研究服務機構及專業顧問）；
   e. 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人；
   f. 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定本公司必向其披露的人士或機構。
6. 本公司可能使用閣下或會員的個人資料向閣下或會員提供本公司或集團公司的產品及服務的市場推廣資訊，包括但不限於:
   a. 保險和相關服務及產品；及
   b. 獎賞、會員活動或優惠計劃和相關服務及產品。
   本公司將不會在沒有閣下的同意及許可下將閣下或會員之個人資料向第三方透露以作市場推廣用途。
7. **根據有關條例中的條款, 閣下有權：**
   a. 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料；
   b. 要求本公司改正任何有關閣下或會員的不準確的個人資料；
   c. 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類；及
   d. 要求本公司停止將閣下的個人資料作直接市場推廣用途。
   有關要求請致函本公司保障資料主任，地址如下：
   香港鰂魚涌華蘭路25號大昌行商業中心18樓
   保柏（亞洲）有限公司
   保障資料主任
8. 根據有關條例之條款，本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
9. 如閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務專線 。
10. 本聲明不會限制客戶在條例下所享有之權利。
11. 中英文本如有歧義，概以英文為準。

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