

Hospitalisation Pre-admission Hotline: (852) 2517 5328

Fax no.: (852) 3973 6966

E-mail: preauth@bupa.com.hk

This form must be completed in full for us to process the application for the Guarantee of Payment letter. 您必須填妥此表格所需的全部資料，以便辦理「住院付款保證信」之申請。

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

Name of member
會員姓名Date of Birth
出生日期 日 / 月 / 年
(DD/MM/YY)Membership number
會員編號Contact no. 聯絡號碼
Tel / Fax / E-mail

電話 / 傳真 / 電郵

Declaration and Authorisation 聲明及授權書

I hereby declare that the below information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have been observed or treated or any insurance company or organisation that has any records or health information concerning me / 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.

本人謹此聲明，以下所填報之一切資料，均屬真實無訛。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 / 會員未能就本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申請及有關之賠償。

Personal Information Collection Statement

Purposes: I understand and agree that all personal information relating to me / the Member collected or held by Bupa, whether contained in this application, or obtained in any claim processing procedure or otherwise from time to time, may be used by Bupa for the purposes of (1) processing this application and providing subsequent services; (2) processing any claims analysis and/or medical or other insurance-related checks; (3) provision and design of products and services of Bupa or any of its group companies; (4) marketing of products and services of Bupa or any of its group companies (but not other persons or organisations); (5) data matching, statistics and research; (6) communication with me / the Member in relation to any of the purposes set out in this statement; and (7) satisfying any applicable legal or regulatory requirements.

Classes of data transferees: I further agree that such personal information may be transferred for the purposes as specified above to any of the following parties (within or outside Hong Kong): any group company of Bupa, any insurance intermediary as authorised by myself, any reinsurance company, any claims investigation company, any service provider providing services to Bupa, any association or federation relating to the insurance industry or any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process this application if I fail to provide any information requested in this application or otherwise by Bupa. **My rights in respect of my personal information:** I further understand that (1) under the Personal Data (Privacy) Ordinance, I / the Member shall have the right to request access to and correction of any personal information concerning me / the Member provided to Bupa; and that all such requests can be made in writing and addressed to the Personal Data Privacy Officer of Bupa at 18/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong or by other means as Bupa may notify me from time to time; and (2) I / the Member can contact Bupa's Customer Care helpdesk on 2517 5333 for any enquiries about the Personal Information Collection Statement.

個人資料收集聲明

用途：本人明白及同意保柏透過此申請、任何索償程序或其他途徑不時收集或持有之所有有關本人/會員的個人資料，可供保柏作以下用途(1) 處理此申請及提供售後服務；(2) 處理任何索償分析及/或與醫療或其他保險有關的查核；(3) 提供及設計保柏或其集團機構的產品及服務；(4) 推廣保柏或其集團機構的產品及服務（但不會包括其他人士或機構）；(5) 資料核對、統計及研究；(6) 就任何本聲明中所述的用途與本人/會員聯絡；及(7) 遵守法律或監管要求。

資料承讓人的類別：本人亦同意該等個人資料可因上述用途提供予以下機構（在香港境內或境外）：任何保柏的集團機構、本人委任的保險中介人、再保險公司、賠償調查公司，為保柏提供服務的供應商機構、保險業協會或聯會、或法律要求的任何人士或團體。

未能提供個人資料的後果：本人明白若本人不能提供此申請或保柏要求的其他資料，保柏不能處理此申請。

有關個人資料的權利：本人明白(1) 根據個人資料(私隱)條例，本人/會員有權查閱及修正保柏所持有關於本人/會員的任何個人資料。有關要求請致函保柏個人資料私隱主任收，地址為香港鰂魚涌華蘭路25號大昌行商業中心18樓，或按保柏不時通知本人的其他途徑遞交；及(2) 本人/會員如對個人資料收集聲明有任何查詢，可致電保柏的客戶服務專線2517 5333。

Credit Card Authorisation Form for Shortfall Collection 繳付差額費用之信用卡授權書

If the amount paid by Bupa to the hospital exceeds the eligible claims arising from this hospitalisation, this Form authorises Bupa to collect the shortfall amount from the following credit card account. The credit card holder should be the Subscriber or the Member of the policy. Bupa will hold HK\$500 from the credit limit of this credit card account until our claim assessment is fully completed. The shortfall collection notice will be sent to you 21 days prior to the collection.

如保柏直接支付予醫院的費用超出是次住院應付的賠償額，此授權書將授權保柏從以下信用卡帳戶收取此差額。持卡人必須為此保單之投保人或會員。保柏並保留港幣500元的信用額直至索償程序完結為止。保柏將於收取差額費用21天前郵寄結欠付款通知書通知閣下。

Credit Card Authorisation Form 信用卡付款授權書 (this section must be completed 此部份必須填寫)

Cardholder's Name 持卡人姓名	HKID Card No. 持卡人香港身份證號碼	
Credit Card Account No. 信用卡號碼	Credit Card Expiry Date 信用卡到期日 (MM/YY 月/年)	
I hereby authorise and direct Bupa (Asia) Limited to debit the outstanding shortfall due from my credit card account 本人授權及指示保柏(亞洲)有限公司從本人信用卡戶口扣除到期之差額費用		
Cardholder's Signature 持卡人簽署	Contact no. 聯絡號碼	Date 日期

Signature of Member / Guardian
會員 / 監護人簽署

X

Date 日期 / / (DD/MM/YY)
日 / 月 / 年

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

MEDICAL HISTORY 病歷

Diagnosis / symptoms 診斷 / 病癥

Onset date of the symptoms / condition 發病日期：___ / ___ / ___ (DD/MM/YY)
日 / 月 / 年Is the condition recurrent / chronic? Y / N
此情況是否為復發性 / 慢性? 是 / 否If "Y", onset date of the first episode ___ / ___ / ___ (DD/MM/YY)
如 "是" 首次發病日為：日 / 月 / 年

HOSPITALISATION DETAILS 病住院詳情

Hospital name
醫院名稱Class of bed: Ward / Semi-private / Private
住房級別 普通病房 / 半私家 / 私家Admission date
入院日期 日 / 月 / 年
(DD/MM/YY)Expected Length of Stay
預計住院日數 _____ day(s)
日

TREATMENT DETAILS 治療詳情

Surgery / treatment required 建議之手術 / 治療：

Anaesthesia 麻醉：
 G.A. 全身麻醉
 L.A. 局部麻醉

Lab tests / Imaging / other diagnostic investigation required 建議之化驗 / 影像檢查 / 其他診斷性檢查：

DOCTOR'S INFORMATION 醫生資料

Doctor's name
醫生姓名Contact no.
聯絡號碼 (Tel 電話) (Fax 傳真)Signature of Doctor and Chop
醫生簽署及印章Date
日期

**How to use Bupa HealthCare (BHC) Card if hospitalisation is required?
(For Bupa CarePro or Care Kid members with Supplementary Major Medical Benefit)**

若需要住院，應如何使用保柏康健卡？

(適用於保柏卓康健及保柏童康健附加醫療保障之會員)

Call Bupa Hospitalisation Pre-admission Hotline at
(852) 2517 5328

致電保柏住院服務專線 (852) 2517 5328

Fill out the Hospitalisation Pre-admission Form and send to Bupa
by fax on (852) 3973 6966 / post / in person #

填妥住院表格，然後傳真至(852) 3973 6966 / 郵遞 / 親身交回保柏 #

Receive a Guarantee of Payment (GOP) Letter from Bupa

收取保柏發出的住院付款保證信

Upon admission, present Guarantee of Payment (GOP) Letter and Bupa
HealthCare (BHC) Card to hospital for registration

入院時，向醫院提交住院付款保證信及保柏康健卡以作登記

Upon discharge, sign on the Claim Form prepared by hospital

出院時，於醫院預先備妥的賠償表格內簽署便可

You will be notified of the claim status 7 working days after Bupa receiving full
documentation from hospital *

由醫院提交齊備文件後起計，保柏將於7個工作天內通知會員有關的賠償詳情 *

You will be required to provide treatment information and authorise Bupa to collect shortfall of medical expenses, if any, from your credit card account
您須提供治療資料及授權保柏從您的信用卡帳戶收取醫療費用的差額 (如有)

* The actual date of claims notification depends on the submission of required documents from hospital
保柏通知會員有關賠償的所需日數會因應醫院遞交賠償所需文件而有所不同