

Bupa Pre-authorisation Hotline 初步保障審核專線：(852) 2517 5789		Fax No. 傳真： (852) 3973 6966
Member's Name 會員姓名		Membership No. 會員編號
Date of Birth 出生日期	/ / (DD / MM / YY) 日 / 月 / 年	Contact Phone No. 聯絡電話
Declaration and Authorisation 聲明及授權書 I hereby declare that the below information given is true and correct. I further authorise any hospital, physician, insurance company or organisations that has any health records or knowledge of me / the Member to furnish such information to Bupa (Asia) Limited ("Bupa") and all information with respect to any illnesses or injuries, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photostat 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。 本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方的資料給與保柏（亞洲）有限公司（“保柏”）。此授權書之影印本與正本具有同等效力。本人明白，如本人或會員未能就本審核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審核申請。		
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 (individual members) / 2517 5388 (group members)* 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(個人計劃會員) / 2517 5388(團體計劃會員)*。		Signature of Member / Guardian 會員 / 監護人簽署 X Date 日期 / / (DD / MM / YY) 日 / 月 / 年

The following information should be completed by attending doctor 以下資料必須由主診醫生填寫：

1. Chief Complaint of the Current Consultation : 本次就診之主訴 :	Onset date 病徵出現日期	(DD / MM / YY) 日 / 月 / 年
2. Findings of the Physical Examination : 醫生檢查之所見 :		
3. Diagnosis 診斷 :		
<input type="radio"/> Chronic 慢性疾病 : First onset date 首次發病日期 D / M / Y 日 / 月 / 年 <input type="radio"/> Congenital 先天性 / hereditary 遺傳性 <input type="radio"/> Pregnancy related conditions 與妊娠有關之病症		
4. Name of Referring Doctor / Usual Doctor : 轉介 / 長期醫生之姓名 :	(Tel / fax 電話 / 傳真 :	

Treatment Details 治療詳情：

Laboratory Test and Imaging 化驗及影像學檢查

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Pre-operative assessment (Please also provide the information on the surgery at the space below) 手術前評估 (請於下列空格內提供手術之資料)
 Routine check-up 常規身體檢查

Date of investigation 檢查日期 / / Location 地點 Cost (HKD) 費用 (港幣)

Diagnostic / Surgical Procedures 診斷性 / 外科手術

Procedure Name and Code 手術名稱及編碼	Anaesthesia 麻醉	Location 地點	Cost 費用
	<input type="radio"/> G.A. 全身麻醉 <input type="radio"/> L.A. 局部麻醉	<input type="radio"/> Clinic 診所 <input type="radio"/> Daycase 日症 <input type="radio"/> Hospital OPD 醫院門診部 <input type="radio"/> In-patient 住院	HKD 港幣
	Date of treatment 治療日期	Name of Hospital / Day case Unit 醫院 / 日症中心名稱	
	/ /		

If Hospitalisation is required 如需住院：

Hospital Name 醫院名稱

Bed class 住房級別： Private 私家 Semi-private 半私家 Ward 大房

Date of admission 入院日期 / / Estimated length of stay 估計留院日期 days 日

In-patient physician fee 住院醫生費用 HKD / day 港幣 每日

Treatment Plan 治療計劃

Non-Network Specialist Referral 轉介非網絡專科醫生 (where the relevant Speciality is not provided in the Network 如網絡內未有提供有關服務之專科)

Specialty 專科

Name of Specialist 專科醫生姓名

(Tel / fax 電話 / 傳真 :

Reason for referral 轉介之原因

Doctor's Name 醫生姓名	Doctor's Chop & Signature 醫生蓋印及簽署	Bupa Provider Code (if any) 保柏醫生編號 (如有)
Date 日期	X	Bupa Network Identifier (if any) 保柏網絡編號 (如有)

Confirmation of authorisation should be returned to 初步保障審核結果須送遞如下：

Fax No. 傳真號碼： Contact Telephone No. 聯絡電話：