

# Bupa Clinical Claim Form 保柏門診賠償申請表

For all clinic services (including clinical operations) 所有門診服務 (包括診所手術)



Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正楷填寫。必須提供病人會員編號。  
This form is for one patient only 此申請表只作一位病人申索。

To be completed by Patient or Parent / Legal Guardian if Patient is below 18 years of age. 由病人填寫。如病人未滿18歲，須由家長/合法監護人填寫。

**Membership No. of Patient 病人會員編號** (16 digits位 MANDATORY 必須提供) **Name of Employer (for group contract only) 僱主名稱** (只適用於團體合約)

\_\_\_\_\_

Name of Subscriber / Employee (Surname followed by Given name, please leave a space between words) 投保人 / 僱員姓名 (先填姓氏，再寫名，每組字後請留一空格)

\_\_\_\_\_

Name of Patient (If other than Subscriber / Employee)(Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人或僱員)(先填姓氏，再寫名，每組字後請留一空格)

\_\_\_\_\_

Date of Birth 出生日期       /     /      
Mobile Number 流動電話號碼

Pre / Post hospitalisation follow-up visit 入院前 / 出院後之跟進覆診  Yes 是  No 否  
Out-patient Care and Monitoring (for critical illness benefit schemes only) 門診護理及監測 (僅適用於危疾保障計劃)  Yes 是  No 否

Please fill in the nature of claims and breakdown of charges 請填上索償性質及各項收費

No. 序號	Date of treatment 診治日期 DD日 / MM月 / YY年	Nature of Reimbursement 索償性質 (Please put a "✓" in the appropriate box 請在適用的方格內加上"✓")							Amount on receipt 收據金額	If currency is other than HKD, please tick 如有關款額並非以港幣支付，請加上✓號	When did the symptoms first occur? 有關症狀於何日首次出現? DD日 / MM月 / YYYY年
		GP 普通科醫生	Specialist* 專科醫生*	Physiotherapy / Chiropractic* 物理治療 / 脊醫治療*	Diagnostic Imaging & Lab tests* 診斷影像及化驗*	Chinese Herbalist / Bonesetter# 中醫 / 跌打#	Other (please specify, e.g. Dental, Maternity) 其他 (請註明，例如：牙科、產科)				
1.	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* Doctor's referral letter is required 必須連同醫生轉介信遞交 # Chinese Medicine prescription is required 必須連同中藥藥方遞交

a. Have you filed this claim with another Bupa contract or any other insurer / organisation? (if yes, please specify below)  Yes 是  No 否

您是否已透過保柏其他合約或其他保險公司 / 組織提出索償？(如是，請列明如下)

Name of Insurer 保險公司名稱: \_\_\_\_\_ Policy / Membership No. 保單 / 會員編號: \_\_\_\_\_

b. Will you be filing this claim with another Bupa contract or any other insurer / organisation? (if yes, please specify below)  Yes 是  No 否

您是否將會透過保柏其他合約或其他保險公司 / 組織提出索償？(如是，請列明如下)

Name of Insurer 保險公司名稱: \_\_\_\_\_ Policy / Membership No. 保單 / 會員編號: \_\_\_\_\_

## Claims Submission Guidelines 提交賠償申請指引

Please tick against below items submitted with this claim form. Please note that no reimbursement of claims shall be made for (1) Claims submitted after 90 days from the date of treatment, (2) Claims with missing / insufficient information. 請於提交賠償申請表時於下列項目加上✓號。請注意根據以下情況，賠償申請將不獲辦理 — (1) 賠償申請表於治療日90天後遞交；(2) 所需資料不足。

Document List 文件清單	Reminder on common missing information 通常遺漏的資料
<input type="checkbox"/> Claim form (completed by patient) 申請表 (由病人填寫)	<input checked="" type="checkbox"/> Membership number 會員編號 <input checked="" type="checkbox"/> Patient signature 病人簽署 <input checked="" type="checkbox"/> Diagnosis on receipt 收據上的診斷結果
<input type="checkbox"/> Original receipts 正本收據	
<input type="checkbox"/> Copies of all lab test / medical reports (for Cancer case, please provide all cancer related investigation reports, e.g. blood test reports, histopathological reports or molecular test reports, etc.) 化驗 / 檢驗報告副本 (對於癌症疾病，請提供所有與癌症相關的化驗報告，例如：血液檢查，組織病理學或分子檢查報告等)	
<input type="checkbox"/> Referral letters (for specialist consultation, tests and treatment) 醫生轉介信 (如專科診治、化驗及診療)	
<input type="checkbox"/> Prescription (for Medication) 藥方 (醫療用途)	
<input type="checkbox"/> Pre-authorization confirmation, if any 初步保障審核確認 (如有)	

Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned.  Yes 是  No 否  
要求退回收據的核實副本。保柏將保留收據正本。

## 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 / 或會員之全部資料 (包括病歷) 呈交予保柏。本授權書之副本與正本具有同等效力。  
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 understood the Personal Information Collection Statement on the last page of this 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表格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。

(MANDATORY 必須簽署)		Signed on 簽署之日期
X _____ Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age) 病人簽署 / 家長或合法監護人簽署 (適用於十八歲以下之病人)	X _____ Name (in BLOCK letters) 姓名 (請以正楷英文書寫)	X _____ DD日 MM月 YY年

Remarks: Before sending in this form, please read above Claims Submission Guidelines to expedite the process of your claim reimbursement. 備註：為加快處理閣下之賠償申請，請於交回此賠償申請表前細閱以上之提交賠償申請指引。

# Personal Information Collection Statement 個人資料收集聲明

## Bupa (Asia) Limited (the "Company")

### Personal Information Collection Statement ("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:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, 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;
- 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;**
- 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 in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
  - processing, assessing and determining any Applications for insurance products and services;
  - 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;
  - 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, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - 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;
  - provision and design of products and services of the Company;
  - 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;
  - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
  - enabling 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
  - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer 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:**
  - the Company's group companies ("Group Company");
  - any insurance, adjusters, agents and brokers;
  - any re-insurance companies authorised by the Company;
  - employers (for members of corporate policy only);
  - healthcare professionals and hospitals;
  - 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; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors;
  - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - 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.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
  - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
  - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
  - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
  - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - 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
  - 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, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

- 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.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- 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:

- 閣下或受保於閣下保單的其他會員(每位「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閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用);
- 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;
- 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,例如當閣下為本人或代會員向本公司提出保險索償時;
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:**
  - 處理、評估、決定任何保險產品及服務之申請;
  - 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;
  - 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、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)處理、評估、決定、解決或回應該等索償;
  - 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;
  - 提供及設計本公司的產品及服務;
  - 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;
  - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
  - 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,就涉及之轉讓、出讓、參與或次參與的交易進行評估;及
  - 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。
- 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轉移該等個人資料作第(4)及第(6)段列出的用途:**
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司授權的保險理算人、代理及經紀;
  - 任何由本公司授權的再保險公司;
  - 僱主(只適用於團體保單之會員);
  - 醫療專業人員及服務;
  - 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、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是否直接地,或是通過防欺詐組織或本段中指名的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料庫及登記冊,及其理算者)、收數公司、資料理公司、研究服務機構及專業顧問);
  - 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;
  - 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。
- 本公司只會得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
  - 保險、醫療、康復、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
  - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露,用作他們的市場推廣用途。為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:**
  - 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;
  - 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;
  - 查閱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
  - 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號柏克大廈18樓  
保柏(亞洲)有限公司 保障資料主任
- 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。
- 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 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

Submit and track your claim status through myBupa  
透過 myBupa 於網上遞交你的索償及查閱賠償進度

Visit 登入 <https://mybupa.bupa.com.hk>

or scan the QR code for free download or 掃描上述QR碼免費下載

Download on the  
App Store



GET IT ON  
Google Play



Send the completed form & supporting documents to

填妥之賠償申請表及相關文件請交回:

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

18/F, Berkshire House, 25 Westlands Road,  
Quarry Bay, Hong Kong  
香港鰂魚涌華蘭路25號柏克大廈18樓

Customer Care helpdesk  
客戶服務專線:

Bupa Members 保柏會員  
Individual Scheme 個人計劃 (852) 2517 5333  
Group Scheme 團體計劃 (852) 2517 5388  
Bupa Gold 保柏尊貴寶 (852) 2517 5383

Hang Seng Bupa Members 恒生保柏會員

Group Scheme 團體計劃 (852) 2517 5988  
Essential/MyBasic VHIS  
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