

預先批核服務查詢 Pre-approval Enquiry

香港 Hong Kong 熱線 Hotline: 至尊醫療計劃 CEO medical plan (852) 2232 8870

其他醫療計劃 Other medical plans (852) 2232 8888

澳門 Macau 熱線 Hotline: (853) 8988 1822

醫療費用預先批核服務簡易指南 Simple guide for Medical Expense Pre-approval Service

請準備 Please prepare

- □ 已填妥之醫療費用預先批核表格 A completed Medical Expense Pre-Approval Form
 - 第一部分: 由受保人 / 申請人填寫 Part 1 to be completed by insured / claimant
 - 第二部分:申請人自費由主診醫生 / 手術醫生填寫 Part 2 to be completed by attending physician / surgeon at claimant's expense (適用於住院或手術個案 applicable to in-patient or surgical case)
- 由醫生/醫院發出的服務費用預算(如有)Budget Estimate issued by attending physician / hospital (if any)
- │醫生轉介信或化驗測試轉介信(如有)Referral letter or laboratory requisition form (if any)

請於入院或接受醫療程序前最少兩至四個工作天以電郵 或傳真提交以上表格及文件

Please send the above documents to us at least 2-4 working days prior to admission or day of medical procedure through email or fax

電郵 Email: hk.pre-admission@aia.com 香港傳真 HK Fax: (852) 3118 9083 澳門傳真 Macau Fax: (853) 2831 5900

預先批核一經完成,我們會通知您有關結果

Once pre-approval request is completed, you will be informed for the result

「免找數服務」一經安排,我們會向有關醫院發出「付款保證書」。於醫院登記時,請出示受保人之身份證明文件以作核實,並通知醫院AIA已為病人發出「付款保證書」。

Once "Credit Facility Service" has been successfully set-up, we will send a "Letter of Guarantee" (LOG) to the concerned hospital. Upon registration at hospital, please present insured's identification document for verification and notify hospital that "Letter of Guarantee" has been arranged by AIA

完成治療後,醫院會直接向我們遞交醫療單據,我們會替您直接繳付有關已獲批核的醫療開支。當理賠程序完成後, 如有關醫療開支高於合資格保障應支付的賠償額,我們會向您發出「差額付款通知書」,並於發信日十四天後直接從 授權的信用卡中扣除。

The hospital will send us the bills and we will settle the approved medical expense on behalf of you. Upon claim assessment is completed, if the medical expense exceeds the payable amount under eligible benefit, a Shortfall Notification will be sent to Policyowner and the designated credit card will be automatically charged with the shortfall amount 14 days from the date of the notification

請注意 Please note:

- i) 醫療費用預先批核服務或「免找數服務」為一項就受保人於治療期間所衍生的受保開支而設的行政安排,而並非保單保障內容,我們有權隨時撤銷此項服務而毋須另行通知,並保留絕對決定權。Pre-approval Service or Credit Facility Service is not a contractual service but an administrative arrangement offered in our absolute discretion in respect of covered expenses incurred. It is subject to termination at any time without prior notice.
- ii) 如因不受保事項而引發之治療或住院,均不會獲發「付款保證書」If treatment or hospitalisation is due to illness/disability classified under exclusion or whatsoever, no LOG will be issued
- iii) 您須提供治療資料及授權友邦從您授權的信用卡帳戶中收取差額費用包括不受保障項目等(如有)You will be required to provide treatment information and authorise AIA to collect any shortfall including any uncovered items, etc. if any,from your authorised credit card account
- iv) 賠償通知的實際日期須視乎醫院遞交齊備文件所需日數而有所不同 The actual date of claims notification depends on the submission of required documents by the hospital
- v) 所有賠償決定受醫療賬單及保單條款及細則約束 All the claims settlement will be subjected to the final bill and the policy terms & conditions



醫療費用預先批核表格

Medical Expense Pre-approval Form 請填妥此表格並於入院或接受醫療程序前最少兩至四個工作天,以電郵或傳真方式遞交 Please complete this form and return it to us by e-mail or fax at least 2 - 4 working days prior to admission or date of medical procedure

第一部份 - 由受保人或申請人填寫 Part 1 - To be comp	leted by insured / claimant
保單號碼 Policy no.	保單持有人聯絡電話號碼 Policy owner's contact tel. no.
受保人(病人)姓名 Name of insured (patient)	
1.1 通知有關業務代表 Inform agent/broker	
為了妥善地跟進您的預先批核申請進度,若於以下沒有提供指定營業	
顧問/保險或理財顧問將能夠查閱是次申請資料。	ALA formacial plantage / bashes / IFA of constant informacial income
view this medical expense pre-approval information if no specific age	, your AIA financial planner / broker / IFA of your latest inforce policy can nt/broker/IFA/TR information is provided at below.
若不同意此安排請放「X」 Please put "X" if not agree on the arra	•
	<u> </u>
營業員 / 經紀姓名	營業員/經紀聯絡電話號碼
Agent / broker's name	Agent / TR's tel. no
 營業員 / 經紀編號 業務代表會員編號	
Agent / broker's code TR membership no.	PIBA CIB ANG
1.2 友邦或其他團體保險 Group medical insurance of AIA or other core	manies
有關是次治療費用 For this treatment expense	принесь
您會否向友邦團體保險申請賠償?如會,請提供僱主名稱及證書編	號/會員編號
	es, please provide employer's name and certificate no./ membership no.
您會否向其他團體保險申請賠償? Will you make any claim under	other group medical insurance?
1.3 收取差額費用之信用卡授權書 Credit card authorization for shortfa	II collection
如友邦直接向醫院支付的費用超出是次住院就合資格保障應支付的賠償	· 酒,此授權書將授權友邦從以下信用卡戶口收取有關差額。信用卡持卡人
	關係,如配偶或父母或子女(或需提交關係證明文件)。友邦將於信用卡
	金額而定〉,直至整個理賠程序完結為止。友邦將於收取差額費用十四天 □只接受由香港/澳門銀行發出之VISA/萬事達咭,或美國運通卡。就香港
客戶而言, 我們亦接受中國建設銀行(亞洲)銀聯雙幣信用卡)	
	arising from this hospitalisation, this Form authorises AIA to collect the holder must be the Policy Owner or the insured or with direct relationship
	ild (documentary proof of relationship might be required). AIA will hold a all amount) from the credit limit of this credit card account until the claim
assessment is fully completed. The shortfall notification will be sent to	Policy Owner 14 days prior to the collection. (Please note that only Visa /
MasterCard issued by banks in HK / Macau or American Express is a rency Credit Card is also acceptable)	acceptable. For Hong Kong customers, CCB (Asia) UnionPay Dual Cur-
持卡人姓名	持卡人身份證 / 護照號碼
Cardholder's name	Cardholder's ID card / passport no
信用卡號碼	信用卡到期日
Credit card account no.	Credit card expiry date
│ 與受保人/保單持有人關係 │ Relationship with the insured / policy owner │ □ 受保人/保單持 │ Insured / policy owner │ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
本人授權及指示友邦從本人信用卡戶口扣除到期之差額費用	misured 37 pointy owner 3 (pieuse specify)
I hereby authorise and direct AIA to debit the outstanding shortf	all due from my credit card account
持卡人簽署 Cardholder's Signature 日期 Date (月/日/	年 mm/dd/yyyy) 聯絡電話號碼 Contact Telephone No.

Policy Number 保單號碼
1.4 聲明及授權 Declaration and authorization
本人/我們已閱讀、明白並同意以下聲明: (a) 遞交此次預先批核表格或由貴公司簽發出住院付款保證信均不能理解為貴公司承擔有關賠償責任。 (b) 若貴公司曾為本人/我們/受保人支付任何不在受保障範圍內的費用,或支付超出有關保障限額的費用時,貴公司將有權從第一頁指定的信用卡中扣除任何相關的金額。若貴公司因有關信用卡戶口的信用額不足,或不論任何其他原因以至未能收取該筆差額,貴公司將有權把應收款項從此保單,及/或任何由貴公司簽發並以本人/我們/受保人作為保單持有人或信托人的保單所獲支付予本人/我們/受保人的金額中抵銷扣除,包括但不限於任何身故賠償(法律允許的範圍內)、紅利或保費退還(不論何種原因)。
/ We have read, understood and agreed to the statements below:
(a) Neither submission of this Pre-Approval Form nor the issuance of Letter of Guarantee by the Company shall be construed as admission of liability on the part of the Company.
(b) In the event that the Company has settled any charges not covered in the policy or exceeds my / our / the Insured's eligible benefit limit, the Company shall have the right to deduct any of such charges from the credit card as specified on Page 1. However, if the Company cannot collect such shortfall due to insufficient credit available in the credit card account or for any other reason whatsoever, the Company shall have the right to setoff the shortfall amounts against the amount due or payable to me / us / the Insured from this Policy and / or any policy issued by the Company of which I / we / the Insured am / are / is the owner(s) or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).
<u>個人資料收集及使用</u>
我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者(即友邦(國際) 有限公司(香港分行)、友邦(國際)有限公司(澳門分行)、友邦保險有限公司及 / 或友邦雋峰人壽有限公司 (如適用))的個人資料收集聲明(「該聲明」),該聲明可在以下網址下載
nttps://www.aia.com.hk/zh-hk/privacy-statement-main °
我/我們聲明及同意在本申請所載或我/我們的保單繕發人及/或退休金計劃服務提供者不時以任何方法收集、 獲得、編製或持有的任何個人資料及關於我/我們的保單、帳戶或投資的其他資料,可根據該聲明收集及使用。 我/我們知悉及同意就該聲明所述目的轉移我/我們的個人資料至香港境外/境內(如保單/退休金計劃在香港 繕發)或澳門境外/境內(如保單/退休金計劃在澳門繕發)(視乎情況而定)予該聲明所載的資料承讓人。 該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

dividends or return of premium (for whatever reason). 個人資料收集及使用

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and/or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch), AIA Company Limited and/or AIA Everest Life Company Limited, where applicable, (the "PICS") which is available for download: https://www.aia.com.hk/en/privacy-statement-main.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and/or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I/We acknowledge and consent to the transfer of my/our personal data to parties within or outside Hong Kong (for policy(ies)/ pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

保單持有人簽署 Signature of policy owner	一 受保人簽署(若受保人年齡在18歲以下,本申請表格必須由監護人簽署) Signature of insured (to be signed by guardian if insured is below 18 years old						
保單持有人姓名	受保人 / 監護人姓名						
Name of policy owner	Name of insured / guardian						
保單持有人身份證 / 護照號碼	受保人 / 監護人身份證 / 護照號碼						
ID card / passport no. of policy owner	ID card / passport no. of insured / guardian						
日期(月/日/年) Date (mm/dd/yyyy)	 日期(月/日/年) Date (mm/dd/yyyy)						

	保单號稿 Policy Number				
第二部份一申請人自費由主診醫生 / 手術醫生填寫 Part 2—To be completed by attending physician / surged	on at the claimant's own expense				
病人姓名 Name of patient	病人之身份證 / 護照號碼 ID card / passport number of patient	性別 Sex			
	tion is not in Hong Kong, please provide full a				
B院名稱 Name of hospital		iduress)			
○ 門診 / 日間護理病房 Outpatient / day care					
○ 計誌 / 百間護達病房 Outpatient / day care ○ 普通病房 Standard room	診所 / 醫療中心 Clinic / medical centre				
○ 半私家病房 Semi-private room	──診斷 / 化驗中心 Imaging/laboratory cer	ntre			
○ 私家病房 Private room	其他 Others	-			
詳細地址(如適用)Full address (if applicable)					
預計入院 / 治療日期 Expected date of admission / treatment	預計住院日數 Expected length of hospital s	stay (no. of days)			
(月/日/年 mm/dd/yyyy)					
病人的病況及治療詳情 Patient's condition and treatment details					
1. 請描述病徵或受傷部位 Please describe symptom or injured area	2. 病徵出現 / 意外日期 Onset of symptom	/ date of accident			
2. 橡你吃你,点上两天中去粉心平同药点2.7.2 To Man head of view live		_(月/日/年 mm/dd/yyyy)			
3. 據您所知,病人曾否患有類似或同類病況? To the best of your kn symptoms relating thereto?没有 No	owledge, has the patient ever had the sam	e or similar conditions or			
☐ 有 Yes, 請提供診治日期及詳情 please give treatment date and	d details:				
4. 若病人的情況為上述意外引致 If patient's condition is caused by the	e aforesaid accident:				
a. 請説明意外經過 Please describe how the accident happened					
b. 該受傷是否因下列情況導致或受其影響? Is the injury induced fr	om or affected by any of the following?				
退化轉變 Degenerative changes	☐ 是 Yes ☐ 否 No				
酒精藥物或麻醉劑影響 Influence of alcohol, drug or intoxicant 是 Yes					
若是,請詳述 If yes, please give details					
5a. 建議之醫療 / 手術程序 Medical / surgical procedure required					
	i護麻醉管理				
General / regional Local Monitored anaesthesia care 如手術在監察麻醉下進行,請註明住院原因 For surgery under monitored anaesthesia care, please specify reasons for hospital stay					
6. 請詳列化驗 / 影像檢查 / 其他診斷性檢查 Please list out any labora	tory tests / imaging tests / other diagnostic inv	estigations required			
7. 如屬癌症治療,請提供以下資料 For cancer treatment, please prov	ide the following				
─ 放射性治療: 名稱及次數Radiotherapy: Name and frequency					
─ 化學 / 標靶 / 免疫治療: ─ Chemotherapy / targeted therapy / immunotherapy: Drug nam					
其他 Others					

			伢	R單號碼 Policy Number						
8.	預詢	十費用(除非另有説明,否則費用以 港幣 計算)Estimated fee (fee	in HK d	ollars unless otherwise	spec	ified)				
	a.	每天病房費用 Daily room charge			a. \$					
	b. 醫生每天巡房費 Daily ward round fee				a.	Φ				
	(如多於一位醫生,請列出明細及原因 If more than one doctor, please provide the breakdown and justification)		justification)	b1.	\$					
					b2.	. \$				
	C.	外科手術費 Surgeon's fee			-01	e				
	(如多於一項手術程序,請列出明細 If more than one surgical procedure, please provide the breakdown)			c1. \$						
					c2.	\$				
	d.	麻醉師費 Anaesthetist's fee			d.	\$				
	e.	手術室費 Operating theatre charges				Φ.				
	f. 手術用具、儀器及物料等費用 Operating appliances, equipment, material fee etc.			e.	\$					
	1. 1 的用头、展面及物种分类用 Operating appliances, equipment, material receite.			f.	\$					
	g.	其他醫院費用 Other hospital charges			g.	\$				
	預言	十總費用 Total estimated fee				\$				
00	В 1/	欠檢查、治療、及住院日數(如適用)是否和上述病徵有直接關係:		(表形電平力) 製化建業2	Λro	Ψ the t	rootmo	nto	modica	
Эa.	and	大阪巨、石寮、及圧阪日数(如旭用)定合和工企病域有直接關係I I length of hospital stay (if applicable) directly related to current sy rsician?								
		是 Yes								
	如乳	有人需要住院,請回答以下問題 Please answer the following ques	stions if p	atient requires hospitali	zation	ı				
9b.		大檢查 / 手術所需的設備 <i>僅設置於醫院</i> ? Are the medical tests a pital?	and equi	pment / equipment for	surgio	al pro	ocedure	e ava	ilable d	only in
		是 Yes	or hospita	al stay						
9c.	是次	欠檢查 / 手術可否在門診 / 日間手術中心進行? Can the medical tes	sts / proce	edures be done on an ou	tpatie	nt bas	sis / at d	ay su	rgery ce	entre?
		可以,請説明住院原因 Yes, please specify reasons for hospital s	stay							
		不可以,請説明原因 No, please specify reasons								
9d.	請詞	主明臨床風險及須留院的醫療原因 Please indicate the clinical risks	s and m	edical reasons for hospi	talizat	tion				
		現時健康狀況(合併)症 Current health status (co-morbidity)		請説明 Please specify						
		預期手術時存在較高風險 Expected higher risk at operation								
		預期手術後存在較高風險 Expected higher post-operative risk								
		其他,請註明必須入院的原因 Others, please specify reasons for	or							
		admission and hospitalization								
9e.	這是	是否醫療緊急個案? Is this a case of medical emergency?								
		否 No 是 Yes,請説明 please specify								
醫/	主資料	斗 Doctor's information								
		身份外,您與病人 / 索償人 / 友邦財務策劃顧問 / 保險經紀是否有。 n any way other than your professional capacity?	———— 其他關係	? Are you related to the p	atient	/ clain	mant / Al	A fina	ncial pla	anner /
	否!	No 是 Yes,請説明 please specify								
本		我們現聲明此申請書上所填資料為本人/我們所知及所信之事實								
		pereby declare that the information given on this form is true to the	e best of	my / our knowledge and	d beli	ef				
姓名	ຊ	1	聯絡電話	696 石匡						
				। telephone no.:						
	署及り]/日/年) m/dd/aaa/):						
簽署	署及!	可章	日期(月							