



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](mailto: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:

- 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.
- 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
- 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
- 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
- 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 completed 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.
<input type="text"/>	<input type="text"/>
受保人(病人)姓名 Name of insured (patient)	
<input type="text"/>	
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員/保險或理財顧問/業務代表資料，您最新生效保單的友邦財務策劃顧問/保險或理財顧問將能夠查閱是次申請資料。 For proper follow up on your medical expense pre-approval progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this medical expense pre-approval information if no specific agent/broker/IFA/TR information is provided at below.	
<input type="checkbox"/> 若不同意此安排請放「X」 Please put "X" if not agree on the arrangement	
營業員/經紀姓名 Agent / broker's name _____	營業員/經紀聯絡電話號碼 Agent / TR's tel. no. _____
營業員/經紀編號 Agent / broker's code _____	業務代表會員編號 TR membership no. <input type="checkbox"/> PIBA <input type="checkbox"/> CIB <input type="checkbox"/> ANG <input type="text"/>
1.2 友邦或其他團體保險 Group medical insurance of AIA or other companies	
有關是次治療費用 For this treatment expense 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 Will you make any claim under AIA group medical insurance? If Yes, 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? <input type="checkbox"/> 會 Yes <input type="checkbox"/> 否 No	
1.3 收取差額費用之信用卡授權書 Credit card authorization for shortfall 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額，此授權書將授權友邦從以下信用卡戶口收取有關差額。信用卡持卡人必須為此保單之保單持有人或受保人，或與保單持有人或受保人有直接關係，如配偶或父母或子女(或需提交關係證明文件)。友邦將於信用卡保留港幣5,000元/澳門幣5,000元或以上的信用額(視乎預計差額之金額而定)，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前發出差額付款通知書通知保單持有人有關差額詳情。(請注意，我們只接受由香港/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) If the amount paid by AIA to the hospital exceeds the eligible claims arising from this hospitalisation, this Form authorises AIA to collect the shortfall amount from the following credit card account. The credit card holder must be the Policy Owner or the insured or with direct relationship between the Policy Owner or the insured e.g. spouse or parent or child (documentary proof of relationship might be required). AIA will hold a minimum of HK\$5,000 / MOP5,000 (depends on the estimated shortfall 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 acceptable. For Hong Kong customers, CCB (Asia) UnionPay Dual Currency Credit Card is also acceptable)	
持卡人姓名 Cardholder's name _____	持卡人身份證/護照號碼 Cardholder's ID card / passport no. _____ XXXX
信用卡號碼 Credit card account no. <input type="text"/>	信用卡到期日 Credit card expiry date <input type="text"/>
與受保人/保單持有人關係 Relationship with the insured / policy owner <input type="checkbox"/> 受保人/保單持有人 Insured / policy owner <input type="checkbox"/> 受保人/保單持有人之(請註明) Insured's / policy owner's (please specify) _____	
<b>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</b> <b>I hereby authorise and direct AIA to debit the outstanding shortfall due from my credit card account</b>	
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. _____



## 第二部份—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 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  
 男 Male  
 女 Female

治療地點 Treatment location (如地點並非香港, 請提供詳細地址 If location is not in Hong Kong, please provide full address)

- 醫院名稱 Name of hospital \_\_\_\_\_
- 門診 / 日間護理病房 Outpatient / day care       診所 / 醫療中心 Clinic / medical centre
- 普通病房 Standard room       診斷 / 化驗中心 Imaging/laboratory centre
- 半私家病房 Semi-private room       其他 Others \_\_\_\_\_
- 私家病房 Private room

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 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

\_\_\_\_\_(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 knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?

 沒有 No 有 Yes, 請提供診治日期及詳情 please give treatment date and details: \_\_\_\_\_

4. 若病人的情況為上述意外引致 If patient's condition is caused by the aforesaid accident:

a. 請說明意外經過 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 from 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       否 No

若是, 請詳述 If yes, please give details \_\_\_\_\_

5a. 建議之醫療 / 手術程序 Medical / surgical procedure required

5b. 麻醉類別 Type of anaesthesia

 全身麻醉 / 區域麻醉       局部麻醉       監護麻醉管理  
General / regional      Local      Monitored anaesthesia care

如手術在監護麻醉下進行, 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 laboratory tests / imaging tests / other diagnostic investigations required

7. 如屬癌症治療, 請提供以下資料 For cancer treatment, please provide the following

 放射性治療: 名稱及次數  
Radiotherapy: Name and frequency \_\_\_\_\_ 化學 / 標靶 / 免疫治療: 藥物名稱及次數  
Chemotherapy / targeted therapy / immunotherapy: Drug name and frequency \_\_\_\_\_ 其他  
Others \_\_\_\_\_

8. 預計費用 (除非另有說明, 否則費用以**港幣**計算) Estimated fee (fee in **HK dollars** unless otherwise specified)

a. 每天病房費用 Daily room charge a. \$ \_\_\_\_\_

b. 醫生每天巡房費 Daily ward round fee b1. \$ \_\_\_\_\_  
(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)

\_\_\_\_\_ b2. \$ \_\_\_\_\_

c. 外科手術費 Surgeon's fee c1. \$ \_\_\_\_\_  
(如多於一項手術程序, 請列出明細 If more than one surgical procedure, please provide the breakdown)

\_\_\_\_\_ c2. \$ \_\_\_\_\_

d. 麻醉師費 Anaesthetist's fee d. \$ \_\_\_\_\_

e. 手術室費 Operating theatre charges e. \$ \_\_\_\_\_

f. 手術用具、儀器及物料等費用 Operating appliances, equipment, material fee etc. f. \$ \_\_\_\_\_

g. 其他醫院費用 Other hospital charges g. \$ \_\_\_\_\_

**預計總費用 Total estimated fee** **\$ \_\_\_\_\_**

9a. 是次檢查、治療、及住院日數 (如適用) 是否和上述病徵有直接關係而且是醫療所需及由醫生建議? Are the treatments, medical test and length of hospital stay (if applicable) directly related to current symptom, are medically necessary and recommended by the attending physician?

是 Yes  否 No, 請詳述 please give details \_\_\_\_\_

**如病人需要住院, 請回答以下問題 Please answer the following questions if patient requires hospitalization**

9b. 是次檢查 / 手術所需的設備 僅設置於醫院? Are the medical tests and equipment / equipment for surgical procedure available *only* in hospital?

是 Yes  否 No, 請說明住院原因 please specify reasons for hospital stay \_\_\_\_\_

9c. 是次檢查 / 手術可否在門診 / 日間手術中心進行? Can the medical tests / procedures be done on an outpatient basis / at day surgery centre?

可以, 請說明住院原因 Yes, please specify reasons for hospital stay \_\_\_\_\_

不可以, 請說明原因 No, please specify reasons \_\_\_\_\_

9d. 請註明臨床風險及須留院的醫療原因 Please indicate the clinical risks and medical reasons for hospitalization

現時健康狀況 (合併) 症 Current health status (co-morbidity)

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 admission and hospitalization

請說明 Please specify

9e. 這是否醫療緊急個案? Is this a case of medical emergency?

否 No  是 Yes, 請說明 please specify \_\_\_\_\_

**醫生資料 Doctor's information**

除專業身份外, 您與病人 / 索償人 / 友邦財務策劃顧問 / 保險經紀是否有其他關係? Are you related to the patient / claimant / AIA financial planner / broker in any way other than your professional capacity?

否 No  是 Yes, 請說明 please specify \_\_\_\_\_

本人 / 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  
 I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief

姓名 Name: \_\_\_\_\_ 聯絡電話號碼 Contact telephone no.: \_\_\_\_\_

簽署及印章 Signature and chop: \_\_\_\_\_ 日期 (月/日/年) Date (mm/dd/yyyy): \_\_\_\_\_