

## PRE-AUTHORIZATION FOR CREDIT SERVICE FOR HOSPITALIZATION FORM 代繳住院費用服務初步授權申請表格

**Eligible Products: ManuMaster Healthcare Series/Benefit, ManuShine Healthcare Series/Benefit, Manulife Supreme VHIS Flexi Plan and Manulife Supreme Lite VHIS Supplementary Benefit ("Designated Products")**

**管領醫療保障系列／附加保障、活亮人生醫療保障系列／附加保障、宏利晉悅自願醫保靈活計劃及宏利晉逸自願醫保附加保障（「指定產品」）**

We understand that hospitalization and inpatient treatments often come with the burden of unexpected medical expenses. The Credit Service for Hospitalization is designed exclusively for Designated Products' customers, and you can submit pre-authorization request prior to admission. Once approved, we will pay the estimated credit amount of eligible hospital and surgical expenses on your behalf. Let us take care of the bills for you so you can focus on treatment.

我們深明住院及住院治療往往會帶來突如其來的財政壓力。代繳住院費用服務專為「指定產品」客戶而設，您可於入院前提交初步授權申請，一經批核，我們將代繳已批核的估算金額以支付您的合資格住院及手術費用。讓我們為您處理賬單，以便您專注接受治療，回復健康。

### 6 simple steps to request for pre-authorization for credit service for hospitalization

#### 6 個簡單步驟即可就代繳住院費用服務作初步授權申請



Complete the form (Page 2-3 by attending physician/surgeon, Page 4 by policy owner/insured person)

填妥表格（第2-3頁由主診醫生填寫，第4頁由保單持有人／受保人填寫）

– Be sure to have the attending physician/surgeon provide the medical information in the form, at the insured/policyowner's expense (if any)

請確保由主診醫生或外科醫生於申請表提供醫療詳情，並由保單持有人／受保人自行承擔填寫表格費用（如有）



Submit the completed form and any diagnostic report(s) and other related clinical information to [Manulife website or mobile app - Claims & Services](#) at least **5 working days** before admission to hospital

於入院前**不少於五個工作天**將填妥的表格、診斷報告及其他相關臨床資料經 [宏利網站或應用程式-索償及服務](#) 提交

– This form is only applicable for Manulife website or mobile app submission. If you would like to submit by other channels, please contact your Manulife advisor for assistance.

此表格僅適用以宏利網站或應用程式提交申請。如欲於其他渠道提交申請，請聯絡您的宏利顧問尋求協助。



Upon approval, we will send you a Letter of Confirmation and inform the hospital concerned of the pre-authorized credit amount.

一經批核，我們將向您發出「批核確認書」，並將初步授權金額通知醫院。



Upon admission, please present insured's identification document for verification.

入院時，請向醫院出示受保人的身份證明文件以作核實。



At discharge, please settle any deductible and/or net balance that exceeds the pre-authorized amount, and then submit a completed [Medical Insurance - Hospitalization and Surgical Claim Form \(C13\)](#) to us by referring to our "[Hospital Claims Instructions](#)". When we receive the invoice from the hospital and complete the claims assessment, we will notify you on the shortfall, if any.

出院時，請繳付任何自付額及／或超出初步授權金額的費用，及依照「[住院索償指引](#)」交回已填妥的[醫療保險-住院及手術賠償表 \(C13\)](#) 給我們。當我們接獲醫院賬單及完成索償評估後，我們會通知您繳付超出可賠償金額的費用（如有）。



When using the Credit Service for Hospitalization, "Designated Products" will take priority for reimbursements over other medical plans during the medical claims assessment.

如使用代繳住院費用服務，宏利進行醫療理賠評估時，會先從「指定產品」作出賠償。

**If you have any questions, please contact your Manulife insurance advisor.**

**如有任何疑問，請聯絡您的宏利顧問。**

Details of Treatment and Estimated Expense  
治療詳情及預算費用表格

(To be completed by the Insured's attending Physician/Surgeon at the Policyowner/Insured's expenses if any)  
(由受保人之主診醫生或外科醫生填寫，如有需要保單持有人或受保人需自行承擔填寫表格費用)

Patient's Information 病人資料

Name of Patient 病人姓名：	HKID of Patient 病人香港身份證：	Sex 性別： <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Hospital name 醫院名稱：	Room Class 住房級別： <input type="checkbox"/> Day Surgery 日間手術  <input type="checkbox"/> Ward 普通病房 <input type="checkbox"/> Semi-private 半私家 <input type="checkbox"/> Private 私家  Room Price (per day) : 住房價格 (每日)	
Planned Date of Admission ( DD/MM/YYYY) 預計入院日期 (日／月／年)：		
Planned Number of days of Confinement 預計住院日數：		

Medical Condition 醫療詳情

1. Chief complaint of current consultation 是次就診之主訴：
2. Diagnosis and associated signs and symptoms 診斷和相關病狀及病徵：
3. Date of accident (if applicable) 意外日期 (如適用) DD日／MM月／YYYY年
4. Where and how did the accident happen (if applicable) 意外地點及經過 (如適用)：
5. Part of body injured and type of injury caused by accident (if applicable) 意外受傷部位及傷勢 (如適用)：
6. Onset date of first symptoms 首次發病日期 (DD日／MM月／YYYY年)：
7. First consultation date of first symptoms 首次發病求診日期 (DD日／MM月／YYYY年)：
8. Is the condition recurrent/chronic? 此情況是否為復發性／慢性？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If “Yes”, onset date of the first episode. 如“是”，首次發病日期 (DD日／MM月／YYYY年)：
9. Name of the physician that the patient first consulted for this illness (if any) 病人就此疾病首次求診的醫生姓名及電話 (如有)： Physician name 醫生姓名：  Telephone Number 電話號碼：
10. If hospitalization is for scans, diagnostic tests, physiotherapy, or any procedure that could be carried out in out-patient or day surgical centre, please provide details and explain why hospital stay is necessary 如是次住院之目的為進行診斷掃描、臨床化驗、物理治療或任何程序可於門診或日間手術中心進行，請提供詳情及說明留院之原因： <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If “Yes”, please give details. 如是，請詳述之：

11. Is illness/injury related to the following condition 此疾病／受傷是否由以下情況引起：		
a) Congenital/Hereditary anomaly 先天性異常	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
b) Psychiatric condition 精神病	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
c) Influence of alcohol, drug or intoxicant 酒精、藥物或麻醉劑影響	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
d) Obesity, weight control 肥胖、體重控制	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
e) Pregnancy, childbirth, abortion 懷孕、分娩、流產	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
f) Dental condition 牙齒狀況	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
g) Cosmetic related treatment 美容相關療程	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
12. Has the patient ever had the same or similar symptoms/medical conditions before? 病人是否曾經患有同一或相似病徵／病況？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If “Yes”, please state when and describe details. 如“是”，請說明何時及描述詳情。		
13. Is the patient having any treatments or taking medicines? 病人現在是否接受任何治療或服用藥物？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If “Yes”, please provide details (including onset date, consulted doctor’s name, diagnosis, name of medicine taking, etc). 如“是”，請提供詳情 (包括病發日期、應診醫生姓名、診斷、藥名等)。		

Treatment Details 治療詳情

14. Surgery/treatment required 建議之手術／治療：  Estimated Surgeon Fee 預計外科手術費：		
15. Anaesthesia 麻醉： <input type="checkbox"/> General 全身麻醉 <input type="checkbox"/> Monitored Anesthesia Care 監測麻醉 <input type="checkbox"/> Local 局部麻醉 Estimated Anaesthesia Fee 預計麻醉費用：  Estimated Operation Theatre Fee 預計手術室費用：		
16. Please list out any lab tests/imaging/other diagnostic investigation required for the hospitalization and reasons for having those. If patient’s condition fits to have the diagnostic investigation done at outpatient setting, kindly refer accordingly. 建議需要住院之化驗／影像檢查／其他診斷性檢查及接受該等檢查的原因。如病人的情況適合於門診進行診斷性檢查，請作相應的轉介安排。 Can the investigations be carried out in the outpatient setting? 是否可以從門診設施中接受該等檢查？  Estimated hospital expenses 預計醫院費用：		
17. Doctor’s Visit Fee 醫生巡房費： _____ /day 每日 Specialist Fee 專科醫生費：		
18. Estimated total fee for this confinement 預計是次住院總費用：		

Doctor’s information 醫生資料

Are you related to the patient in any way other than your professional capacity? 除專業身份外，與病人是否有其他關係？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please specify the relationship with patient 是，請註明與病人之關係：	
Doctor’s Name 醫生姓名：  Contact Telephone Number 聯絡電話號碼：  Fax Number 傳真號碼：  Email 電郵：	Doctor’s Signature and Chop 醫生簽署及印章：    Date 日期： _____ (DD日／MM月／YYYY年)

Declaration and Authorization 聲明及授權

(To be completed by Policyowner/Insured 由保單持有人或受保人填寫)

I/We hereby declare that all information provided by me/us in this form is complete and true to the best of my/our knowledge. I/We further authorize any physician, hospital, medical service provider, insurance company, claims investigation company, government authority or organization that has any record or knowledge of me/us, my/our health or my/our activities (including records relating to Social Welfare, Workers' Compensation, credit, financial, earnings and employment history) to furnish to Manulife or its authorized representative such information including without limitation all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records and the original invoices concerning the medical services rendered. A photostatic copy of this authorization shall be as effective and valid as the original.

本人／我們特此聲明本人／我們於本表格內所提供之資料是本人／我們所知之全部並為真實無訛。本人／我們茲授權任何醫生、醫院、醫療服務提供者、保險公司、賠償調查公司、政府有關部門或其他持有本人／我們個人資料、健康狀況或記錄(包括有關本人／我們所獲之社會福利及勞工賠償、本人／我們之信貸、財政狀況、入息及就業記錄)之組織可以將該等資料,包括但不限於所有有關本人／我們之疾病或受傷、傷患之病歷、診斷報告、藥方或治療及所有醫院或醫療記錄副本及已提供醫療服務之正本發票等資料予宏利或其代理人。此授權書之複製本與正本具同等效力。

I/we understand that the pre-authorized credit service approval for hospitalization/day surgery/treatment shall not be regarded as admission of liability on the part of Manulife for any claim payment. The eventual actual claimable amount will be based on the final claim decision that is subject to insured's eligibility and case-based exclusion(s) (if any), reasonable & customary charges of all eligible expenses, claim documents/information to be received, benefit limits, remaining balance of the benefit limits, general exclusions and other terms and conditions as stated in the policy provisions, and reduced by annual deductible amount (if applicable). Should there be any discrepancy between the pre-authorized credit amount provided and the eventual actual claimable amount, the actual claimable amount shall prevail. **It means that, if the pre-authorized credit amount is higher than the eventual actual claimable amount, I/we would need to settle any shortfall as resulted from the credit service arrangement to Manulife (International) Limited ("Manulife") within the specified period as stated in the Repayment/Shortfall Notice.** Otherwise, I/we authorize Manulife to offset the shortfall amount against (to the fullest extent permissible by the applicable law) the amount due or payable to me/us from this Policy/Benefit and/or any Policy/Benefit issued by Manulife of which I/we am/are owner(s) or trustee(s) including but not limited to any death benefit, dividends or return of premium (for whatever reason). If the eventual actual claimable amount is higher than the pre-authorized credit amount, Manulife will settle the claim in accordance with the eventual actual claimable amount.

本人／我們明白住院／日症手術／治療代繳費用服務的初步授權批核不能被視為宏利承擔有關賠償責任。最後的實際賠償額將取決於最終理賠決定,並受制於受保人的受保資格及個別不保項目、所有合資格的費用是否合理及慣常收費、隨後收到的理賠文件／資料、保障限額、保障額的餘額、一般不保事項及保單條款下之其他條款及細則,並需扣減每年的自付費(如適用)。如初步授權的批核金額與最後的實際賠償金額有任何差異,將以最後實際賠償金額為準。**意思是,若初步授權的批核金額高於最後的實際賠償金額,本人／我們須於欠款／差額通知書中指定期限內向宏利人壽保險(國際)有限公司(「宏利」)繳付所有由代繳費服務引至的差額及欠款。**否則,本人／我們授權宏利把應收款項(在有關法律允許的最大範圍內)從此保單／保障,及／或任何由宏利簽發並以本人／我們作為保單持有人或信托人的保險單／保障所獲支付予本人／我們的金額中抵銷扣除,包括但不限於任何身故賠償、紅利或保費退還(不論何種原因)。若最後的實際賠償金額高於初步授權的批核金額,宏利將按最後的實際賠償金額支付賠償。

I/We understand that acceptance of this Pre-Authorization for Credit Service for Hospitalization Form by Manulife shall not be regarded as admission of liability on the part of Manulife. Actual eligible claim amount will be subject to the final claim decision. All benefits payable are subject to the terms and conditions and the full list of policy exclusions. Should there be any discrepancy between this assessment and the final claim decision; the final claim decision shall prevail.

本人／我們明白宏利接受此初步授權申請表不能被視為宏利承擔有關賠償責任。實際賠償金額以最終理賠決定為準。所有保障項目只會在符合所有保單條款及細則及所有不保之事項的情況下支付。如此評估與最終理賠決定有任何差異,均以最終理賠決定為準。

Personal Information Collection Statement 個人資料收集聲明

Information (including but not limited to personal data and health information and claims history) collected from me/us/my dependent, the policyowner/policyholder and the proposed insured, can enable Manulife to carry on its insurance/financial business and may be:

從本人／吾等／本人的家屬、保單持有人及擬受保人所收集的資料(包括但不限於個人資料、健康資料及索償記錄),可供宏利用於經營保險/金融業務之用,並可供:

- i) used by Manulife, its associated companies, employees, third-party vendors/service providers, reinsurers and/or distributors for the purpose of (a) processing my application, including, but not limited to, determining eligibility and approval; (b) underwriting; (c) handling claim(s) including, but not limited to, administering, assessing, adjudicating, investigating, seeking external professional advice, disbursing payment, shortfall management, subrogation, analysis and reporting; (d) requests for payment and/or credit services; (e) administering the policy or any alterations, cancellation or renewal of it; (f) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application); (g) providing customer service, including but not limited to, any follow up on related enquiry and/or communication with you and/or your representative(s); (h) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (i) automated/artificial intelligence decision making or profiling; (j) complying with applicable laws, regulations and other related purposes; 宏利、其關聯公司、僱員、第三方供應商/服務供應商、再保險公司及／或分銷商使用於以下目的:(a) 處理本人申請,包括但不限於釐定資格及批核申請;(b) 核保;(c) 處理索償,包括但不限於管理、評估、裁決、調查、徵求外部專業意見、支付款項、差額管理、代位申索、分析及匯報事宜;(d) 付款請求及／或信貸服務;(e) 管理保單或有關保單的任何變更、取消或續期事宜;(f) 偵查及防範欺詐(無論是否與本申請書所簽發的保單有關);(g) 提供客戶服務,包括但不限於跟進相關查詢,以及／或與閣下及／或閣下代表之間的通訊事宜;(h) 宏利、宏利的關聯公司或保險／金融行業所開展的統計或精算研究工作;(i) 基於自動化／人工智能的決策或分析;(j) 遵守適用法律、法規及其他相關目的。

- ii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any regulatory/statutory bodies, association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise; and/or reinsurance of the policy; (c) health care professionals, hospitals, accountants, legal advisors, employers; (d) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), law enforcement agencies and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

轉移至(a)任何相關公司或其他從事保險或再保險相關業務的公司、中介人、提供保險相關服務的索償、調查或其他機構,或任何現存或不時成立的監管/法定機構、協會或保險公司聯會;(b)以實現上述任何一項目的及/或以核對程序或其他方式進行數據核實、以及／或進行保單再保險事宜的任何個人／組織;(c) 醫護專業人員、醫院、會計師、法律顧問、僱主;(d) 為保險業整合索償及核保資料的機構、防範欺詐機構、其他保險公司(無論是直接轉移至或透過防範欺詐機構或本段所述之其他人士作出轉移)、執法機構、可供保險業界根據現有資料進行資料分析和核實的數據庫或登記冊(及其營運者)。

All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region/Macau Special Administrative Region. 所有資料處理程序可能涉及將資料轉移至香港特別行政區或澳門特別行政區境內外的地方。

I/We understand that by completing and returning to Manulife this form, I/we am/are agreeing to the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice"), and the Notice is available on Manulife's website (www.manulife.com.hk) or upon request from my/our Manulife advisor ("Advisor").

本人／我們明白透過填妥及交回此表格,即表示本人／我們同意《有關個人資料(私隱)條例》的客戶通知》(「通知」)之內容,而該通知可於宏利網址 (www.manulife.com.hk) 或本人/我們的宏利顧問(「顧問」)索取。

X

Signature of Insured (if Aged 18 or Above) \*  
受保人簽署 (如十八歲或以上) \*

Name (In BLOCK LETTERS) & I.D. No. of Insured  
受保人姓名 (請以正楷書寫) 及身份證號碼

Signature Date (DD/MM/YYYY)  
簽署日期 (日／月／年)

X

Signature of Policyowner  
保單持有人簽署

Name (In BLOCK LETTERS) & I.D. No. of Policyowner  
保單持有人姓名 (請以正楷書寫) 及身份證號碼

Signature Date (DD/MM/YYYY)  
簽署日期 (日／月／年)

\* For Insured aged below 18, signature of the policyowner must be provided for the application for Pre-Authorization Request  
18歲以下受保人之初步授權申請必須由保單持有人簽署