

**OGD / Colonoscopy
Day Surgery or
Hospital Admission Consultation
腸胃鏡日間手術或入院諮詢**

Use this form for simple consultation if unsure whether the hospital admission is medically necessary 不確定入院是否為醫療所需可使用此表格作簡易諮詢

I. Points to Note 注意事項

Please read the [Notice to Customers relating to the Personal Data \(Privacy\) Ordinance \(version 20130401-01\)](#) ("Notice") before you complete this form. The Notice is available on Manulife (International) Limited ("Manulife")'s website (www.manulife.com.hk) or upon request from your Manulife advisor ("Advisor"). By completing and returning to Manulife this form, you are agreeing to the Notice. 請您填寫此表格前，細閱《有關〈個人資料(私隱)條例〉的客戶通知(20130401-01 版本)》(「通知」)。該通知可於宏利人壽保險(國際)有限公司(「宏利」)網址 (www.manulife.com.hk) 或向您的宏利顧問(「顧問」)索取。透過填妥及交回此表格，即表示您同意該通知之內容。

**Eligible Product
合資格產品**

This form is applicable to below Manulife's Individual Insurance Medical Plans/Benefits: Manulife Shelter VHIS Standard Plan, Manulife First VHIS Flexi Plan, Manulife Supreme VHIS Flexi Plan, ManuGuard Medical Plan/Benefit, ManuMaster Healthcare Series/Benefit, ManuShine Healthcare Series/Benefit, ManuEnrich Medical Top-up Plan, Follow Me TOMORROW, Follow Me ALWAYS, I'mWell, Golden Lifestyle Hospital Benefit, Premier Life Hospital Benefit and Hospital Protector/Benefit.

本表格適用於以下宏利個人保險之醫療保障計劃/附加保障：
宏利愛守護自願醫保標準計劃、宏利全護航自願醫保靈活計劃、宏利晉悅自願醫保靈活計劃、守護一生醫療保障計劃/附加保障、晉領醫療保障系列/附加保障、活亮人生醫療保障系列/附加保障、倍康醫療加保計劃、「來·伴我行」醫療儲備、「常·伴我行」醫療儲備、「我·健康」醫療計劃、精彩生活住院附加保障、安康人生住院附加保障及住院保障計劃/附加保障。

**Form Usage
表格用途**

☑ This form is ONLY applicable for Oesophago-Gastro-Duodenoscopy (OGD) / Colonoscopy day surgery or hospital admission consultation. Manulife will advise on a preliminary basis whether the hospital admission is classified as medically necessary based on customer's self-declared medical conditions. 此表格僅適用於腸胃鏡日間手術或入院諮詢。宏利將根據客戶申報的醫療狀況就入院是否為醫療所需作初步諮詢。

**Simple Steps
簡易步驟**

- Have the form completed by the policy holder/insured person or your attending doctor, and email to Health_HK@manulife.com at least 5 working days before hospital admission. If you have any questions about your medical conditions, please seek your attending doctor's advice. 由保單持有人/受保人或主診醫生於入院前不少於5個工作天填妥表格並電郵至 Health_HK@manulife.com。如對醫療狀況有疑問，請諮詢主診醫生的意見。
- You will receive an email reply from Manulife in 5 working days. To avoid any delay in processing your case, please do not send duplicates of this form. 您將於5個工作天內收到宏利的電郵回覆。為免令處理延誤，請勿重複發送申請。
- After the treatment or on discharge, please settle the bill and ask your attending doctor to complete Part II of the [Medical Insurance - Hospitalization & Surgical Claim Form \(C13\)](#), and submit your claim in accordance with our [Hospital Claims Instructions](#). 於治療後或出院時，請先支付費用並請主診醫生填妥「[醫療保險 - 住院及手術賠償表格\(C13\)](#)」之第二部分，並依照「[住院索償指引](#)」遞交賠償申請。

II. Insured Person's Information 受保人個人資料

Insured Person's Name 受保人姓名：	Insured Person's HKID / Passport No. 受保人香港身份證 / 護照號碼：	Policy Number 保單號碼：	Insured Person's Current Age 受保人現時歲數：
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III. Insured Person's Medical Conditions 受保人醫療狀況

If the condition(s) below is MET, please tick the corresponding checkbox(es); if not, please leave it blank. 如符合以下情況，請於相應的空格填上剔號；否則請將空格留空。

- Procedure performed under General Anesthesia
手術以全身麻醉形式進行 Yes 是
Please note that Monitored Anesthesia Care (MAC) is not equivalent to General Anesthesia. 請注意監測麻醉 (MAC) 並不等於全身麻醉。
If you have any questions about the definition of General Anesthesia / Monitored Anesthesia Care, please seek your attending doctor's advice. 如對全身麻醉 / 監測麻醉定義有疑問，請諮詢主診醫生意見。
- Need assistance with activity of daily living
日常生活之活動需要輔助 Yes 是
- Have a current or past history of the following disease(s), or of receiving the following surgery(ies), medication(s), or treatment(s)
患有 / 曾經患有以下疾病，或當前正在接受 / 曾接受以下手術、藥物或治療

a. Diabetes Mellitus 糖尿病	<input type="checkbox"/> Yes 是
b. Chronic Obstructive Airway Disease 慢性阻塞性肺病	<input type="checkbox"/> Yes 是
c. Stroke 中風	<input type="checkbox"/> Yes 是
d. Cancer 癌症	<input type="checkbox"/> Yes 是
e. Renal Failure on any form of Dialysis 腎衰竭而需要腹膜透析或血液透析	<input type="checkbox"/> Yes 是
f. Myocardial Infarction 心肌梗塞	<input type="checkbox"/> Yes 是
g. Insertion of Pacemaker / Implantable Cardioverter Defibrillator 植入心臟起搏器 / 心臟去纖顫器	<input type="checkbox"/> Yes 是
h. Percutaneous Coronary Intervention/Coronary Artery Bypass Graft Surgery 經皮下冠狀動脈介入治療 (俗稱「通波仔」) / 冠狀動脈搭橋手術	<input type="checkbox"/> Yes 是
i. Treatment of Arrhythmia 心率不正治療	<input type="checkbox"/> Yes 是
j. Any disease with Bleeding Tendency 任何具有出血傾向的疾病	<input type="checkbox"/> Yes 是
k. Usage of Anticoagulant Agent (other than Anti-Platelet medication) 使用抗凝劑 (抗血小板藥物除外)	<input type="checkbox"/> Yes 是

4. In addition to the medical conditions stated in Question 3, if hospital admission is required due to other medical disease(s) or mental condition(s), please provide the information below (if applicable):

除於問題3列出的醫療狀況外，如因其他醫療疾病或精神狀況而需要入院，請於下方提供相關資料(如適用)：

5. If the insured person needs to undergo OGD / Colonoscopy and other surgery(ies) at the same time, please specify the name(s) of the other surgery(ies) below (if applicable):
如受保人需同時進行除腸胃鏡檢查以外的其他手術，請於下方列明其他手術名稱(如適用)：

IV. Declaration and Authorization 聲明及授權

1. I/We, the policy holder and the insured person, 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 hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, claims investigation company, government and related authority or other organization that has any record or knowledge of me/us, my/our health or my/our activities (including my/our records related to social welfare, workers' compensation, my/our records related to credit, financial, earnings and employment history) to furnish to Manulife or its authorized representatives 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. A photostatic copy of this authorization shall be as effective and valid as the original, and such authorization shall survive me/us and shall be irrevocable.

本人/我們，保單持有人及受保人，特此聲明本人/我們於本表格所提供之資料已是本人/我們所知之全部並為真確無誤。本人/我們茲授權任何醫生、醫療從業員、醫院、診所或其他醫療或醫療相關機構、保險公司、賠償調查公司、政府及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等資料予宏利或其獲授權代表。此授權書之複製本與正本具同等效力，及此授權書不能推翻，而即使本人/我們去世，此授權仍然生效。

2. I/We, the policy holder and the insured person, understand that the OGD / Colonoscopy Day Surgery or Hospital Admission Consultation provided by Manulife shall not be regarded as an admission of liability on the part of Manulife. The OGD / Colonoscopy Day Surgery or Hospital Admission Consultation and any other communication(s) in relation to this form, whether verbal or written, are provided based on the applicable benefits of my / our insurance policy and are solely for customers' reference. The OGD / Colonoscopy Day Surgery or Hospital Admission Consultation is based on the information provided by the insured person/policy holder. The actual claimable amount will be based on the final claim decision that is subject to the insured person's eligibility and case based exclusion(s), claim documents/information to be received, benefit limits, remaining annual balance, general exclusions and other terms and conditions as stated in the policy provisions. Should there be any discrepancy between the OGD / Colonoscopy Day Surgery or Hospital Admission Consultation and the actual claimable amount decision, the actual claimable amount decision shall prevail.

本人/我們，保單持有人及受保人，明白宏利提供之腸胃鏡日間手術或入院諮詢不能被視為宏利承擔有關賠償責任。腸胃鏡日間手術或入院諮詢及其他與此申請書有關之口頭或書面通訊是根據本人/我們保單內適用的保障提供，只供客戶參考之用。此腸胃鏡日間手術或入院諮詢是根據由受保人/保單持有人提供的資料處理。實際賠償金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、隨後收到的理賠文件/資料、保障限額、週年餘額、一般不保事項及保單條款下之其他條款及細則。如腸胃鏡日間手術或入院諮詢與實際賠償金額決定有任何差異，均以實際賠償金額決定為準。

3. I/We, the policy holder and the insured person, understand that in the event of any variations to the medical conditions stated in this form, I/we need to submit the revised information by filling in a new OGD / Colonoscopy Day Surgery or Hospital Admission Consultation form for reassessment. If not, Manulife's reply(ies) to the prior submission will no longer be valid.

本人/我們，保單持有人及受保人，明白倘若醫療狀況與本表格上所呈報的有任何改變，本人/我們需要重新填寫新一份腸胃鏡日間手術或入院諮詢表格作重新評估，否則宏利就已提交的舊有申請發出的回覆將不再適用。

4. I/We, the policy holder and the insured person, understand that the OGD / Colonoscopy Day Surgery or Hospital Admission Consultation does not provide diagnosis, treatment or professional medical advice. I/We should always seek the advice of physician or healthcare provider for potential health issue, condition, treatment or relevant medical matters.

本人/我們，保單持有人及受保人，明白腸胃鏡日間手術或入院諮詢並不提供診斷、治療或專業醫療意見。本人/我們應就可能出現的健康問題、狀況、治療或醫療相關之任何事宜，諮詢醫生或醫療機構。

5. In case of any dispute, the decision of Manulife shall be final and conclusive.
如有任何爭議，宏利之決定將為最終及具決定性。

Signature of Insured Person 受保人簽署
(if aged 18 or above 如18歲或以上)

Name of Insured Person 受保人姓名
(if aged 18 or above 如18歲或以上)
(In BLOCK LETTERS 請以正楷書寫)

Date 日期
(DD 日 / MM 月 / YYYY 年)

/ /

Signature of Policy Holder 保單持有人簽署
(If other than insured person 如非受保人)

Name of Policy Holder 保單持有人姓名
(If other than insured person 如非受保人)
(In BLOCK LETTERS 請以正楷書寫)

Date 日期
(DD 日 / MM 月 / YYYY 年)

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