

## 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

Branch code 分行編號 \_\_\_\_\_ Location 地點 \_\_\_\_\_  
 Advisor code 保險顧問編號 \_\_\_\_\_  
 Advisor's name 保險顧問姓名 \_\_\_\_\_  
 Advisor's Contact no. 保險顧問聯絡電話 \_\_\_\_\_

### I. Points to Note 注意事項

Please read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice") before you complete this form. The Notice is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Notice. 當閣下填寫此表格前，請閱畢《有關個人資料(私隱)條例的客戶通知》(「通知」)。該通知可於宏利網址 (www.manulife.com.hk) 或向閣下的宏利顧問索取。透過填妥及交回此表格，即表示閣下同意該通知之內容。

#### 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, Manulife Supreme Lite VHIS Supplementary Benefit, Manulife Supreme Medical Plan, Manulife Supreme Lite Medical Supplementary Benefit, 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、宏利晉逸自願醫保附加保障、宏利晉悅醫療保障計劃、宏利晉逸醫療附加保障、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](mailto: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](mailto: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： \_\_\_\_\_

### 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。

#### 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。

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)
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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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