Manulife 宏利

VHIS - CLAIMABLE AMOUNT ESTIMATE / PRELIMINARY ASSESSMENT REQUEST FORM *(Submit to ClaimSimple)*
自願醫保 - 可賠償金額估算／初步評估申請表格 *(經 ClaimSimple 提交)*

Claimable Amount Estimate provides an estimate for how much you can claim under your VHIS policy. If your Manulife First VHIS Flexi Plan policy includes a "supplementary medical benefit", a preliminary assessment is also available. Supplementary medical coinsurance may not be applied if the medical services are received in Hong Kong and the preliminary assessment is issued by Manulife.
可賠償金額估算服務為您估算從自願醫保保單可獲得的賠償金額。若您的宏利全護航自願醫保靈活計劃保單享有「附加醫療保障」，我們可為您提供初步評估。若在香港接受醫療服務並獲我們簽發的初步評估，附加醫療共同保險則可能獲豁免。

4 simple steps to get the claimable amount estimate for your hospitalization / surgery
4 個簡單步驟即可估算您的住院／手術之可賠償金

Complete the form by the attending physician/surgeon
由主診醫生/外科醫生填妥表格

Submit the completed form to ClaimSimple – Pre-assessment (claimsimple.hk) **at least 5 working days** before admission / surgery
於入院 / 手術前**不少於五個工作天**將填妥的表格經 ClaimSimple - 預先評估 (claimsimple.hk) 提交

- This form is only applicable for ClaimSimple submission. If you would like to submit by other channels, please contact your Manulife advisor for assistance.
  此表格僅適用以 ClaimSimple 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。
- For emergency treatment, preliminary assessment (PA) request should endeavor to be submitted to ClaimSimple on the next business day. If policy owner/insured person is unable to submit PA due to serious medical condition or other special reasons, he/she should indicate "Preliminary Assessment Request could not be submitted within the next business day due to emergency admission/treatment" with justification on "Medical Insurance – Hospitalization & Surgical Claim Form" (C13) Part I or in separate memo. It will be Claims Department's sole discretion to review the claim document(s) and finalize the claim decision.
  若屬急症治療，初步評估的申請應盡可能於該治療後的下一個工作天遞交予宏利。如保單持有人／受保人因病重或其他特殊原因而未能遞交初步評估申請，請於遞交賠償申請時在「醫療保險 - 住院及手術賠償表」(C13)內的第一部份填寫或以另函通知「因急症入院／治療未能在下一個工作天遞交初步評估申請」並解釋其原因。賠償部將會檢視所收到的資料並自行決定是否酌情處理。

You will receive SMS message from Manulife
您將收到宏利的 SMS 短信

After the treatment or on discharge, please settle the bill and ask your attending physician/surgeon to complete Part II of "Medical Insurance – Hospitalization & Surgical Claim Form" (C13). Submit your claim by referring to our "Hospital Claims Instructions".
於治療後或出院時，請先結賬並請主診註冊醫生或外科醫生填妥「醫療保險 - 住院及手術賠償表格」(C13)之第二部份。依照「住院索償指引」遞交賠償申請。

Note: For claim submission with preliminary assessment, please quote the reference no. of the Preliminary Assessment as printed on the first page of the reply letter (i.e. IFP – PAxxxxxx) on the "Medical Insurance – Hospitalization & Surgical Claim Form" (C13) Part I.
注意: 如屬初步評估，遞交賠償申請時，請在「醫療保險 - 住院及手術賠償表」(C13)第一部份，提供列印於初步評估回覆函首頁之參考編號 (即 IFP - PAxxxxxx)。

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 Expenses
治療詳情及預算費用

(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 香港身份證：

Medical Condition 醫療詳情

1. Diagnosis and associated signs and symptoms 診斷和相關病狀及病徵：

2. Accident date (if applicable) 意外日期(如適用) (DD日／MM月／YYYY年)：

3. Onset date of first symptoms 首次發病日期 (DD日／MM月／YYYY年)：

4. First consultation date 首次求診日期 (DD日／MM月／YYYY年)：

5. How long had the patient been experiencing these symptoms before the first consultation 病人在首次求診前已患有此症狀多久？

6. Has the patient ever had the same or similar symptoms/medical conditions before or is this a chronic/recurrent illness? ☐ Yes 是 ☐ No 否
   病人是否曾經患有同一或相似病徵／病況或此情況為慢性／復發性？
   If yes, please provide the date of the first episode and details 如是，請提供首次病發日期及詳情：

7. Name of referring physician (if any) 轉介醫生的姓名(如有)：

8. 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：_____

Treatment Details 治療詳情

1. Name of Surgical Procedure/Treatment (If more than one surgery, please provide the name for each surgery.)
   手術／治療名稱(如多於一項手術，請提供每項手術的名稱)：

1.	2.	3.

2. Anaesthesia 麻醉： ☐ GA 全身麻醉 ☐ MAC 監測麻醉 ☐ LA 局部麻醉

3. Name of Hospital/Medical Centre 醫院／診所名稱：

4. Intended Level of Room Class 預計入住病房級別
   ☐ Day Centre/Clinic 日間中心／診所 ☐ Ward 普通病房 ☐ Semi-private 半私家房 ☐ Private 私家房

5. Date of Admission/Surgery 入院／手術日期(DD日／MM月／YYYY年)：

6. Expected length of stay 預計住院日數：

7. 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：

8. Estimated Total Fee for this confinement/surgery (HKD) 預計住院／手術所需總費用(港幣)：_____
   # If more than one surgery, please provide the estimated cost for each surgery 如多於一項手術，請提供每項手術的預算費用。

Surgeon's Fee # 外科醫生費用 #	1.	2.	3.
Anaesthetist's Fee (if any) 麻醉醫生費用(如有)			
Operation Theatre Fee (if any) 手術室費用(如有)			
Daily Physician's Hospital Visit (if any) 每日醫生巡房費用(如有)			
Miscellaneous Hospital Charges (if any). Please provide the details. 醫院雜項費用(如有)，請提供細項資料			
Daily Hospital Room Rate (if any) 每日住院病房收費(如有)			

Doctor's information 醫生資料

1. Are you the patient's usual physician? 閣下是否該病人的慣常醫生？
   ☐ Yes 是 ☐ No 否

2. Are you related to the patient in any way other than your professional capacity? 除專業身份，閣下與病人是否有其他關係？
   ☐ Yes please specify the relationship with patient 是，請提供與病人之關係：_____ ☐ No 否

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此聲明，就本人所知，上述所有資料均準確無誤。

Contact Telephone Number 聯絡電話號碼	Email Address 電郵地址	Fax Number 傳真號碼
Doctor's Signature and Chop 醫生簽署及蓋章	Doctor's Name 醫生姓名	Date 日期(DD 日 / MM 月 / YYYY 年)：