

VHIS - CLAIMABLE AMOUNT ESTIMATE / PRELIMINARY ASSESSMENT REQUEST FORM 自願醫保 - 可賠償金額估算 / 初步評估申請書

Before you receive a medical service, the Company can provide an estimate on the amount that may be claimed under your VHIS policy. If your VHIS coverage includes “supplementary medical benefit”, the estimate will be inclusive of preliminary assessment to consider whether coinsurance of such benefit could be waived.

閣下在接受醫療服務前，本公司可為您估算您從自願醫保保單可得到的賠償金額。若您同時享有「附加醫療保障」，估算將包括初步評估以考慮可否豁免此保障項目所需的共同保險。

5 simple steps to get the claimable amount estimate for your hospitalization / surgery 五個簡單步驟就可以估算您的住院 / 手術之可賠償金額

1	Download “VHIS – Claimable Amount Estimate / Preliminary Assessment Request Form” 下載「自願醫保 - 可賠償金額估算 / 初步評估申請書」。
2	Complete the form: Part I by Policy Holder / Insured Person, Part II by attending physician 填妥表格：第一部份由保單持有人 / 受保人填寫，第二部份由主診醫生填寫。
3	<p>Submit the completed form to us at least 5 working days before admission / surgery to hkcare@manulife.com 於入院 / 手術前不少於五個工作天將填妥的表格電郵至 hkcare@manulife.com</p> <p>For emergency treatment, preliminary assessment (PA) request should endeavor to be submitted to Manulife on the next business day. If policy holder/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.</p> <p>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。</p>
4	You will receive a reply from Manulife. 您將收到宏利的回覆。
5	<p>After the treatment or on discharge, please settle the bill and ask your attending physician to complete Part II of “Medical Insurance – Hospitalization & Surgical Claim Form” (C13). Submit your claim by referring to our “Hospital Claims Instructions”.</p> <p>於治療後或出院時，請先結賬並請主診註冊醫生填妥「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。</p> <p>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.</p> <p>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)。</p>

Remarks 備注:

1. Preliminary assessment is only applicable to VHIS Flexi Plan policies with supplementary medical benefit and in the event that medical services are received in Hong Kong, Manulife will consider if the coinsurance of such benefit is waivable.
初步評估只適用於自願醫保靈活計劃中有附加醫療保障的保單並於香港接受醫療服務，宏利會考慮是否可以豁免此保障項目所需的共同保險。
2. The claimable amount estimate / preliminary assessment reviews only the budget information as provided by policy holder / insured person/ attending physician(s). It does not include comprehensive claim assessment and validation.
可賠償金額估算 / 初步評估只檢視了由保單持有人 / 受保人 / 主診醫生遞交的預算資料，並不包括全面理賠評估及查證。
3. Claimable amount estimate / preliminary assessment are based on the estimations furnished by the hospital and /or attending registered medical practitioner. It is for your reference only, it does not constitute Manulife's liability for claim payment. The actual claimable amount will be based on the final claim decision that is subject to 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.
可賠償金額估算 / 初步評估是根據由醫院及/或主診醫生所提供的預算處理，只供閣下作為參考，並不構成宏利任何賠償責任。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、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。
4. In the event of any variations (including but not limited to the cost, nature and treatment to be received) on the medical services stated in the preliminary assessment (if applicable), submission of the revised information to Manulife for preliminary assessment by completing the Claimable Amount Estimate / Preliminary Assessment Request Form is required before the insured person receives the medical services. If not, preliminary assessment will be invalid and coinsurance for supplementary medical benefit will be applied.
倘若醫療服務與初步評估 (如適用) 時所呈報的有任何改變 (包括但不限於費用、性質及將接受的治療)，受保人在接受該服務前需向宏利遞交可賠償金額估算 / 初步評估申請以更改資料作重新初步評估，否則初步評估將會無效，而共同保險將適用於附加醫療保障。
5. In the event that the actual expenses exceed the amount stated in the preliminary assessment (if applicable), a testifying statement on the claim form shall be completed by the attending physician stating the reason for (a) the cost in excess; and (b) the differences between the medical services actually received and those which have been stated in the preliminary assessment. If such statement is not available, preliminary assessment will be invalid and coinsurance for supplementary medical benefit will be applied.
倘若實際支出金額超出初步評估 (如適用) 所示的金額，須由主診註冊醫生在索償申請表的聲明中就 (a) 超出費用；及 (b) 已提供的醫療服務與經初步評估的醫療服務的差別，作出陳述及解釋。如沒有此聲明，初步評估將變為無效，而共同保險將適用於附加醫療保障。
6. Please note that for admission to private hospitals in Hong Kong, hospital will charge proportionately higher according to the level of room class.
倘若受保人入住香港的私家醫院，醫院會根據不同的病房級別而按比例調高所有收費。
7. Ward Class Adjustment Factor is applied to supplementary medical benefit (if any) if confinement is of a class higher than the designated ward class at Policy Holder /Insured Person's own preference. Location Adjustment Factor is applied to supplementary medical benefit (if any) for medical expenses outside Asia.
倘若保單持有人 / 受保人按個人意願選擇高於其指定病房級別的房間，「病房級別調整因數」將適用於附加醫療保障 (如有)。在亞洲以外的醫療費用，「地區調整因數」將適用於附加醫療保障 (如有)。

If you have any questions, please contact Manulife Customer Services Hotline during office hours:

Monday to Friday, from 9 am to 6 pm; closed on Saturday, Sunday and Public Holidays.

如有任何疑問，請於辦公時間聯絡宏利客戶服務熱線，星期一至五上午九時至下午六時，星期六、日及公眾假期休息

Hong Kong 香港 (852) 2510 3941; China Toll Free 中國免付專線 4008 428017

VHIS - CLAIMABLE AMOUNT ESTIMATE / PRELIMINARY ASSESSMENT REQUEST FORM 自願醫保 - 可賠償金額估算 / 初步評估申請書

Please complete this form and return to Manulife (International) Limited (incorporated in Bermuda with limited liability) ("Manulife") by email to hkcare@manulife.com at least 5 working days before admission/surgery.

Preliminary assessment is only applicable to VHIS Flexi Plan policies with supplementary medical benefit. For emergency treatment, preliminary assessment request should be submitted to Manulife within a reasonable period of time after such treatment.

請填妥此表格，於入院/手術前不少於五個工作天透過電郵hkcare@manulife.com傳送至宏利人壽保險(國際)有限公司(於百慕達註冊成立之有限責任公司)「宏利」。

初步評估只適用於自願醫保靈活計劃中有附加醫療保障的保單。若屬急症治療，初步評估的申請須於該治療後的合理時間內遞交予宏利。

I. Personal Information 個人資料 (To be completed by Policy Holder / Insured Person 由保單持有人 / 受保人填寫)

Name of Insured Person (Patient) 受保人(病人) 姓名		
HKID 香港身份證	Policy No. 保單編號	
<p>I/We hereby authorize Manulife to make communications regarding this Claimable Amount Estimate / Preliminary Assessment Request through the email address via which such request is submitted, unless I/we provide an email address in the space below, in which case any communications regarding this Claimable Amount Estimate / Preliminary Assessment Request shall be sent to such email address.</p> <p>本人/我們特此授權宏利透過提交此可賠償金額估算 / 初步評估申請的電郵地址，作為跟進此申請的電郵地址。若本人/我們於此欄提供電郵地址，則有關此可賠償金額估算 / 初步評估申請的通訊應發予該電郵地址。</p>		Contact Tel No. 聯絡電話號碼
Email Address 電郵地址 : _____		
<p>I/We understand that any email address and telephone number provided in relation to this Claimable Amount Estimate / Preliminary Assessment Request shall not be applied to any record associated with my account(s) / policy(ies) with Manulife.</p> <p>本人/我們明白就此可賠償金額估算 / 初步評估申請所提供的電郵地址及電話號碼並不會更新任何您的宏利帳戶/保單內的記錄。</p>		
<p>1. Is this hospitalization/surgery a result of an accident 是次住院/手術是否由於一宗意外引致? <input type="radio"/> No 否 <input type="radio"/> Yes 是</p> <p>If yes, please answer the question below 如是,請回答以下問題</p> <p>a. Date of accident 意外日期 _____ (DD 日 / MM 月 / YYYY 年)</p>		
<p>2. Is this hospitalization/surgery due to illness 是次住院/手術是否由於疾病引致? <input type="radio"/> No 否 <input type="radio"/> Yes 是</p> <p>If yes, please answer the questions below 如是,請回答以下問題</p> <p>a. Date of first consultation 首次求診日期 _____ (DD 日 / MM 月 / YYYY 年)</p> <p>b. How long have these symptoms been existed prior to the first consultation 首次求診前已患有此症狀多久?</p> <p>_____</p>		
<p>C. Name and telephone number of physician first consulted for this illness 首次就此疾病求診的醫生姓名及電話號碼</p> <p>Physician's Name 醫生姓名: _____ Telephone No. 電話號碼: _____</p>		
Advisor's Name 保險顧問姓名	Advisor's Code 保險顧問編號	Advisor's Contact Tel No. 保險顧問電話號碼

Declaration and Authorization 聲明及授權

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 hereby authorize any physician, hospital, 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. A photostatic copy of this authorization shall be as effective and valid as the original.

I/We understand that the claimable amount estimate and/or preliminary assessment provided by Manulife shall not be regarded as admission of liability on the part of Manulife. The claimable amount estimate/preliminary assessment 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. These claimable amount estimate and/or preliminary assessment are based on the estimations furnished by the hospital and/or attending registered medical practitioner. The actual claimable amount will be based on the final claim decision that is subject to 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 claimable amount estimate/preliminary assessment provided and the actual claimable amount, the actual claimable amount shall prevail.

本人/我們特此聲明本人/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、醫院、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/我們之存款、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代理人。此授權書之複製本與正本具同等效力。

本人／我們明白宏利提供之可賠償金額估算及／或初步評估不能被視為宏利承擔有關賠償責任。可賠償金額估算／初步評估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。此可賠償金額估算及／或初步評估是根據由醫院及／或主診註冊醫生提供的預算處理。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。如可賠償金額估算／初步評估與實際賠償金額有任何差異，均以實際賠償金額為準。

Personal Information Collection Statement 個人資料收集聲明

I/we acknowledge that the personal data (including but not limited to credit information and claims history) provided in this Form will be used by Manulife for the purposes of processing, adjudicating, investigating and settling claims application(s) and request(s) for credit service, approving and underwriting insurance applications, administering and reinsuring policies, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application), complying with applicable laws and other related purposes and for such purposes, may be transferred to such persons or entities (whether within or outside Hong Kong) as: (a) any person in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services; (b) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, information technology, payment, data processing or storage, marketing, mailing, printing, telemarketing, customer satisfaction analysis, or other services to Manulife or any member of Manulife's group of companies in connection with the operation of business, including any custodian, administrator, investment manager, investment advisor or distributor; (c) any credit reference agencies or, in the event of default, any debt collection agencies; (d) any advisor (including his or her employees) or other intermediary (including their employees); (e) reinsurers, insurance adjusters, health care professionals, hospitals, medical service providers, accountants, financial advisors, and legal advisors; (f) employers of the customers; (g) any person which has undertaken to Manulife or any member of Manulife's group of companies to keep such data confidential; (h) any actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or any member of Manulife's group of companies; (i) any member of Manulife's group of companies; (j) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure under the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife's group of companies including but not limited to any local or foreign regulators, governmental bodies, or industry recognised bodies; (k) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife's group of companies by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, industry recognised bodies; (l) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information. All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy) / Manulife Personal Information Collection Statement ("Statement") (for Macau policy) (where applicable). In case I/we have not read the Notice / Statement (where applicable) before, I/we can obtain such Notice / Statement (where applicable) from my/our Manulife's intermediary or through Manulife's website at www.manulife.com.hk. I/we understand that I/we am/are not obliged to provide such personal data as requested but if I/we refuse to provide such data, Manulife may not be able to proceed further on my/our application(s) and/or request(s) in this Form. I/we may request access to and correction of my/our personal data held by Manulife, by writing to Privacy Officer at Manulife (International) Limited, 22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

本人／我們確認載於本表格內之個人資料(包括但不限於信用資料和以往申索紀錄)將被宏利用以處理、判定、調查及結清有關之索償及代繳費用服務申請、批核及承保保險申請、管理保單並安排分保、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)、遵守適用法律及其他相關用途並就此等用途,該等個人資料可被轉送到下列人士或機構(無論在香港境內還是境外)(a)與客戶、針對客戶或涉及客戶就任何產品及／或服務提起的任何索賠相關的任何人士;(b)向宏利或宏利的公司集團任何成員提供與業務經營相關的行政管理、電信通訊、電腦、資訊技術、付款、資料處理或儲存、市場推廣、郵寄、列印、電話行銷、客戶滿意度分析或其他服務的任何代理、承辦商或第三方服務供應商,包括任何託管人、執行人、投資管理人、投資顧問或分銷商;(c)任何信貸資料服務機構或(如出現付款違約)任何債務托收機構;(d)任何顧問(包括其僱員)或其他中介人士／機構(包括其僱員);(e)再保險商、保險理算人、醫護專業人士、醫院、醫療服務供應商、會計師、財務顧問和法律顧問;(f)客戶的僱主;(g)已向宏利或宏利的公司集團任何成員承諾將對該等資料保密的任何人士;(h)宏利或宏利的公司集團任何成員的權利或業務的任何實際或擬議受讓人、承讓人、參與人或次級參與人;(i)宏利的公司集團任何成員;(j)宏利或宏利的公司集團任何成員根據對其有約束力或適用的任何法律、法規、規章、守則、指引或指南的規定有義務或必須向其披露的任何人士,其中包括但不限於任何當地或外國的監管機構、政府機構或公認行業組織;(k)根據由於宏利或宏利的公司集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織(無論在香港境內還是境外)所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利的公司集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、公認行業組織之間的任何合同、其他承諾或安排,有義務或必須向其披露的任何人士;(l)整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。宏利可按於《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)(適用於香港保單)／《宏利個人資料收集聲明(「聲明」)(適用於澳門保單)(如適用)所述,處理有關資料。假如本人／我們未有細閱該通知／聲明(如適用),本人／我們可從本人／我們的宏利中介人或透過宏利網址 www.manulife.com.hk 取得該通知／聲明(如適用)。本人／我們明白本人／我們並無責任提供該等個人資料。但如果本人／我們拒絕提供該等資料,宏利可未能繼續處理本人／我們的申請及／或本表格內之申請。本人／我們可去信個人資料主任於宏利人壽保險(國際)有限公司,香港九龍觀塘偉業街223-231號宏利金融中心A座22樓要求查閱及更改本人／我們在宏利之個人資料。

Signature of Insured Person (Patient)/Policy Holder

受保人(病人)／保單持有人簽名

For Insured Person (Patient) aged below 18, signature of Policy Holder is required
18歲以下受保人(病人)必須由保單持有人簽署

Name 姓名 (In block letter 以正楷書寫)

Date 日期 _____
DD 日 / MM 月 / YYYY 年

II. Details of Treatment and Estimated Expenses 治療詳情及預算費用

(To be completed by attending physician 由主診醫生填寫)

Name of Patient 病人姓名		HKID 香港身份證	
Diagnosis/Symptoms 診斷結果/病徵		Onset date of first symptoms 首次發病日期 ____ DD 日 / ____ MM 月 / ____ YYYY 年	
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?		First consultation date 首次求診日期 ____ DD 日 / ____ MM 月 / ____ YYYY 年	
Has the patient ever had the same or similar symptoms/medical conditions before or is this a chronic/recurrent illness? 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 <input type="radio"/> No 否 <input type="radio"/> Yes 是			
Name of referring physician (if any) 轉介醫生的姓名(如有)			
Name of Surgical Procedure/Treatment 手術/治療名稱 If more than one surgery, please provide the name for each surgery. 如多於一項手術, 請提供每項手術的名稱 1. 2. 3.		Anaesthesia 麻醉 <input type="radio"/> GA 全身麻醉 <input type="radio"/> MAC 監測麻醉 <input type="radio"/> LA 局部麻醉	Expected length of stay 預計住院日數 ____ days 日
Name of Hospital/Medical Centre 醫院/診所名稱		Date of Admission/Surgery 入院/手術日期 ____ DD 日 / ____ MM 月 / ____ YYYY 年	
Intended Level of Room Class 預計入住房級別	<input type="radio"/> Day Centre/Clinic 日間中心/診所 <input type="radio"/> Ward 普通病房	<input type="radio"/> Semi-private 半私家房 <input type="radio"/> Private 私家房	
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。			
Estimated Total Fee for this confinement/surgery 預計住院/手術所需總費用	HK\$ 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)			
Are you the patient's usual physician? 閣下是否該病人的慣常醫生? <input type="radio"/> No 否 <input type="radio"/> Yes 是			
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? <input type="radio"/> No 否 <input type="radio"/> Yes please specify the relationship with patient 是, 請提供與病人之關係:			
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	
Physician's Signature & Chop 醫生簽署及蓋章	Physician's Name 醫生姓名	Date 日期 ____ DD 日 / ____ MM 月 / ____ YYYY 年	