

Wart/Benign Skin Lesion Surgery Claim - Supplementary Form**去疣/良性表皮病變手術理賠 - 附加表格**

This form is applicable for both Individual Products (IFP) and Group, Life and Health (GLH) Products. 此表格適用於所有個人產品及團體醫療產品。

Instruction 指示

1. Please submit this form together with the related Claim Form. 請將此表格連同有關的索償表格一併提交。
2. Policyowner / Insured / Member shall first complete and sign Part 1 of this form before handing it to the Attending Doctor for his completion of Part 2 of this form. 保單持有人 / 受保人 / 成員應先填寫並簽署本表格的第一部分, 然後再將其交給主診醫生填寫本表格的第二部分。
3. Please DO NOT leave any items blank. Otherwise, the claims cannot be processed. 請不要將任何問題留空, 否則理賠將無法處理。

Part 1 - Information and Declaration of the Policyowner / Insured / Member 第一部分 - 保單持有人 / 受保人 / 成員 個人資料及聲明 (To be Completed by the Policyowner / Insured / Member 由保單持有人 / 受保人 / 成員填寫)**Declaration 聲明**

I/We hereby declare and acknowledge that I/we fully understand the fees to be charged by the Attending Doctor and/or the medical centre, hospital, or clinic for a wart / benign skin lesion surgery and related services may not be covered by the relevant policy. Notwithstanding that I/we may not be able to recover the said fees to be charged for the wart / benign skin lesion surgery and services, whether in full or in part, under the relevant policy, I/we hereby confirm to receive and/or continue receiving the said treatment(s). 本人/我們在此聲明及確認本人/我們完全理解主診醫生及/或醫療中心、醫院或診所就去疣/良性表皮病變手術及相關服務所收取的費用不一定在相關保單的理賠範圍內。儘管本人/我們根據相關保單可能無法就去疣/良性表皮病變手術及服務取回全部或部分賠償, 但本人/我們特此確定接受及/或繼續接受上述治療。

Policy Number / Cert No.
保單編號/受保證書編號:

Date(s) of Treatment
治療日期:

Signature of Insured
(if aged 18 or above)*
受保人簽名 (如十八歲或以上):

Name of Insured & I.D. No. of Insured
受保人姓名及身份證號碼:

Date (DD/MM/YYYY)
日期 (日 / 月 / 年):

Signature of
Policyowner (IFP) / Insured Employee
(GLH)
保單持有人(個人醫療產品) / 受保僱員(團體醫療產品) 簽名:

Name of Policyowner (IFP)/ Insured
Employee (GLH) & I.D. No. of
Policyowner (IFP) / Insured Employee
(GLH)
保單持有人(個人醫療產品) / 受保僱員(團體醫療產品) 姓名及身份證號碼:

Date (DD/MM/YYYY)
日期 (日 / 月 / 年):

*For insured aged below 18, the policyowner's signature must be provided for a claim application. 十八歲以下受保人之索償申請必須由保單持有人簽署。

Please turn over 請翻轉

Part 2 – Patient's (Insured / Member) Medical Conditions 第二部分 – 病人 (受保人 / 成員) 醫療狀況 (To be Completed by Attending Doctor 由主診醫生填寫)

1. Type of wart (Please tick all that applied) 疣的類型 (請剔選所有適用項目):
 - ☐ Common Warts 尋常疣
 - ☐ Flat Warts 扁平疣
 - ☐ Filiform or Digitate Warts 絲狀疣
 - ☐ Genital Warts 性器疣
 - ☐ Periungual Warts 甲周疣
 - ☐ Plantar Warts 足底疣
 - ☐ Mosaic Warts 鑲嵌疣
 - ☐ Other benign skin lesions, please specify 其他良性皮膚病變, 請註明:
2. Please elaborate on the progression of symptoms since onset date, details of the severity, complication (if any) and how the warts affected the insured's daily activities or job duties 請詳細說明自發病日起該症狀的發展情況, 病情的嚴重程度, 併發症 (如有) 以及疣如何影響病人的日常活動或工作職責:
3. Body parts affected and the exact number of warts affected on each body part (no need to round up/ down), and the entire treatment plan and schedule 受影響的身體部位和每個身體部位的疣的確切數量(無需四捨五入), 以及整個治療計劃和時程表:
4. Operation(s) done 手術的名稱 (if not specified in Claim Form 如果在索賠表中沒有具體說明):
 - ☐ CO2 laser 二氧化碳激光
 - ☐ Cryotherapy or cryosurgery 冷凍治療
 - ☐ Electrocauterization or Electrodesiccation 電灼 or 電烙
 - ☐ Surgical Curettage 手術刮除術
 - ☐ Others, please specify 其他, 請註明: _____
5. Please provide the documents below to patient for claim submission 請向病人提供以下文件以提交理賠
 - a) All consultation records from treatment center, related to this wart surgery 在此治療中心與這次去疣手術的所有會診記錄
 - b) Operation record with details including operation duration, operating medication, body parts performed and numbers of warts treated 手術記錄, 包括手術時間, 手術藥物, 治療的身體部位和疣數量
 - c) Pre- and post-surgery clinical photos signed by patient, subject to the sensitivity of the body parts where the treatment was performed. 手術前和手術後的臨床照片並由患者簽名。是否需要提交取決於治療的身體部位的敏感性
 - d) Pathology report (if surgical curettage was done) 病理報告(適用於手術刮除術)
 - e) Itemized breakdown of charges with details of specific procedure performed, medication prescribed, laboratory test and any other medical and/ or non- medical services rendered. 具體收費明細, 包括具體療程、療程用的藥物、化驗檢查以及所有的醫療和/或非醫療服務的詳細資訊。

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。

Name and Signature and chop of attending physician / Date 日期 (DD 日 / MM 月 / YYYY 年)
surgeon 主診醫生 / 外科醫生簽名及蓋章