宏利 Manulife

MEDICAL INSURANCE – HOSPITALIZATION & SURGICAL CLAIM FORM
醫療保險 — 住院及手術賠償表

This form is applicable to both inpatient and outpatient surgical claim
本表格適用於住院或門診手術賠償

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

PART I — TO BE COMPLETED BY THE PATIENT
第一部份 — 由病人填寫

For document requirements of this claim, please refer to the Hospital Claims Instructions. 有關此索償的所需文件，請參考「住院索償指引」。

Name of Policyowner 保單持有人名稱 :	
Name of Employee/ Member 僱員 / 成員姓名 : (for group insurance policy only 只適用於團體保險保單)	Policy No. 保單編號 :
Insured No./ Certificate No. (if applicable) 保戶編號 / 受保證書編號 (如適用) :	

Name of Patient 病人姓名 :	Identity card/ Passport No. 身份證 / 護照號碼 : (please attach copy 請附上副本)	
Occupation 職業 :	Date of Birth 出生日期 : (DD / MM / YYYY 日/月/年)	Sex 性別 : ☐ M 男 ☐ F 女
Relationship to Policyowner 與保單持有人關係 :	☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女 ☐ Staff/ Member 僱員 / 成員 ☐ Dependent of Staff/ Member 僱員 / 成員家屬	

(1) Have you had any prior treatment for this or related condition(s)?
閣下是否曾經因同一病況而接受治療？

☐ No 否 ☐ Yes 是

Doctor's Name 醫生姓名 : _____

Address 地址 : _____

_____

Treatment Date 診治日期 : _____

(2) Are you making any other insurance claim as a result of this hospitalization/ surgery?
有關是次住院 / 手術，閣下有否申請其他保險賠償？

☐ No 沒有 ☐ Yes 有

Name of Insurance Company 保險公司名稱 : _____

Policy No. 保單編號 : _____

(3) Was the hospitalization/ surgery a result of an accident?
是次住院 / 手術是否由於一宗意外引致？

☐ No 否 ☐ Yes 是

Date 日期 : _____ Time 時間 : _____ Place 地點 : _____

Brief Description 經過 : _____

_____

If you have purchased both Individual Hospital Plan/ Benefit and ManuMaster/ ManuShine Healthcare with Manulife, please tick the following box to show your priority of settlement: 如閣下同時購有宏利個人住院保障及晉領 / 活亮人生醫療保障，請於下列方格內填上✓號以顯示閣下所選之優先賠償 :

☐ Claim ManuMaster/ ManuShine Healthcare first 先從晉領 / 活亮人生醫療保障中索償

☐ Claim Individual Hospital Plan/ Benefit first 先從個人住院保障中索償

Payment Instructions 付款指示

☐ By Cheque 以支票形式

Cheque Collection Method 支票交付方法

☐ Through my Insurance Advisor 由本人的保險顧問轉交

☐ By Mail to my latest correspondence address with Manulife
寄往本人於宏利紀錄的最新通訊地址

Cheque Currency [a] (for USD policy only) 支票幣值 [a] (只適用於美元保單)

☐ MOP Cheque[a] 澳門元支票 [a]

☐ HKD Cheque [b] 港元支票 [b]

☐ Same as Policy Currency 與保單幣值相同
For USD policy only [c] 只適用於美元保單 [c]

☐ USD Cheque (drawn in Hong Kong) 美元支票 (由香港的銀行付款)

☐ USD Cheque (drawn in United States) 美元支票 (由美國的銀行付款)

Notes 註:

(a) The MOP equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time.
相等之澳門元將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。

(b) The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time.
相等之港元將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。

(c) In general, it takes a long settlement period to clear a foreign cheque in Macao. Bank charges may be incurred by client for clearing the cheque.
銀行通常需要較長的結算時間於澳門兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。

正本收據將不獲發還。**如需取回收據的核實副本，請在此簡述原因** : _____

Original receipt will not be returned. **Please provide brief reason for return of certified true copy of receipt:** _____

Declaration and Authorization 聲明及授權

I/We hereby declare that the answers to the above questions are full and true to the best of my/our knowledge. I/We further 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 (International) Limited ("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.

本人/ 我們特此聲明填報於本表格內之資料已是本人/ 我們所知之全部並為真實無訛。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人壽保險（國際）有限公司（"宏利"）或其代理人。此授權書之複製本與正本具同等效力。

Personal Information Collection Statement 個人資料收集聲明

I/we acknowledge that the personal data provided in this Form will be used by Manulife for the purposes of processing, adjudicating and investigating claims application(s) and request(s) for credit service, approving and underwriting insurance applications, administering and reinsuring policies, complying with applicable laws and other related purposes and for such purposes, may be transferred to such persons or entities (whether within or outside Macao) 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 and medical service providers; (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 Macao) 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. 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, Macao Administration Office, Avenida De Almeida Ribeiro No.61, Circle Square, 14 andar A, Macao.

本人/ 我們確認載於本表格內之個人資料將被宏利用以處理、判定及調查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，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（無論在澳門境內還是境外）(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) 再保險商和醫療服務供應商；(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（無論在澳門境內還是境外）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。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，澳門分行行政部，澳門新馬路61號永光廣場十四樓A要求查閱及更改本人/ 我們在宏利之個人資料。

×

Signature of Patient (if Aged 18 or Above)* 病人簽署（如十八歲或以上）	Name (In BLOCK LETTERS) & I.D. No. of Patient 病人姓名（請以正楷書寫）及身份証號碼	Date (DD/MM/YYYY)* 日期（日/月/年）

×

Signature of Policyowner 保單持有人簽署	Name (In BLOCK LETTERS) & I.D. No. of Policyowner 保單持有人姓名(請以正楷書寫)及身份証號碼	Date (DD/MM/YYYY)* 日期（日/月/年）

* For patient aged below 18, signature of the policyowner must be provided for the application for the claim
十八歲以下病人之索償申請必須由保單持有人簽署。

The Chinese version of this claim form is for reference only. In the event of conflicts between the Chinese and English versions, the English version shall prevail. 此索償表格之中文譯本只供參考之用，若與英文有異，一概以英文為準。

PART II — TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部份 — 由主診醫生填寫，所需費用由索償人自行承擔

Patient Name (in full) 病人姓名（全名）：

Date of Admission 入院日期 (DD日/MM月/YY年) Date of Discharge 出院日期 (DD日/MM月/YY年)

Name of Hospital 醫院名稱 :

Level of hospital ward 病房級別 : ☐ Private 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ Clinical Surgery 門診小手術

1. Clinical History 求診記錄：

a) Date on which the patient first consulted you related to this illness/ injury 病人就此疾病/受傷後，首次向閣下求診的日期 (DD日/MM月/YY年)

b) Symptom(s)/ complaint(s) of the patient relating to this hospitalisation/ treatment/ investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴

c) 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？

2. Hospitalisation Details 住院詳情：

a) Final Diagnosis 最後的診斷 Date of Operation 手術日期 (DD日/MM月/YY年)

b) Operation procedure(s) performed 手術的名稱

c) If the patient has consulted other physician during this hospitalisation, please provide the following 如病人於住院期間曾向其他醫生求診，請提供以下資料：

Name of physician consulted 醫生姓名 Reason 原因

What treatment had the physician performed 治療詳情

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/ disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院撮要（包括開始時及持續出現的徵兆 / 症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情）

e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/ out-patient basis.
若此次病症能在日間護理 / 診所內進行治療，請提供住院原因。

3. Professional Comment 專業意見：

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint/ diagnosis.
If "yes", please provide date of the first episode and details.
就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴 / 診斷有關? 若答案為"是"，請提供首次發病日期及詳情。

b) Was the condition due to or associated with the following?(Please tick the appropriate boxes) 上述情況是否出於或與以下問題關連（請在適當空格填上✓號）

☐ Accidental bodily injury 意外身體受傷
☐ Self-inflicted injury 自我傷害
☐ Abuse of drugs or alcohol 濫用藥物或酒精
☐ Mental disorder 精神紊亂
☐ Refractive error 屈光不正
☐ Pregnancy 懷孕
☐ Infertility or sterilization 不育或絕育
☐ Contraception 避孕
☐ Treatment for cosmetic purpose 美容性質的治療
☐ Vaccination 疫苗接種
☐ Congenital condition 先天性疾病 / 異常
☐ Developmental condition 發育問題
☐ Hereditary condition 遺傳性問題
☐ General check-up 一般身體檢查
☐ Venereal disease, sexually transmitted disease or AID/ HIV related illness 性病，性傳播疾病或愛滋病 / 愛滋病毒有關的疾病

4. Others 其它：

a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他醫生轉介，請提供轉介醫生的姓名和地址。

b) Are you the patient's usual physician? 閣下是否該病人的慣常醫生？ ☐ Yes 是 / ☐ 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。

×

Signature and chop of attending physician/Surgeon 主診醫生 / 外科醫生簽名及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician/Surgeon & qualifications 主診醫生姓名 / 外科醫生姓名及資歷

日期 (DD日/MM月/YY年)

宏利 Manulife

HOSPITAL CLAIMS INSTRUCTIONS 住院索償指引

This guideline is for reference only 本指引只供參考

Please ensure all questions on Part I and Part II of the Medical Insurance - Hospitalization & Surgical Claim Form are answered and check that all required claim documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The policyowner may be requested to provide additional information relating to this claim.
請確保已回答「醫療保險—住院及手術賠償表」第一及第二部份所有問題及提交所需索償文件，否則此索償申請可能因資料不足而未能被處理。保單持有人可能被要求就此項索償提供額外資料。

Below required documents must be received by Manulife within 30 days from the date on which medical expenses were incurred.
以下所需索償文件須在有關醫療費用支付後三十日內提交宏利。

Claims Document Checklist - Basic Requirements 索償文件清單：基本要求	
☐ Medical Insurance – Hospitalization & Surgical Claim Form (C13); and 「醫療保險—住院及手術賠償表」(C13)；及 ☐ Original Statement of Charges/ Account; and 收費單正本；及 ☐ Original Hospital Receipts; and 醫院收據正本；及 ☐ ID Card/ passport copy of both Policyowner and Patient (If you have not provided the relevant document(s) to us before or the document(s) in our records is/ are no longer valid or do(es) not comply with the current regulatory requirements) 保單持有人及病人的身份證/ 護照副本（如閣下從未提供予我們有關文件，或我們記錄內之有關文件已不再有效或未能遵守現行的監管要求）	
Additional Requirements (if applicable) 額外要求(如適用)	
☐ Diagnostic/ Laboratory Test done 接受診斷/ 化驗	Diagnostic/ Laboratory reports 診斷/ 化驗報告
☐ Attended by Specialist 接受專科治療	Referral Letter from Attending Physician 主診醫生轉介信
☐ Traffic Accident involved 涉及交通意外	Copy of Police Report/ Traffic Accident Report/ Police Statement 警察報告/ 交通意外報告/ 警察口供紙副本
☐ Patient is a student (ages of 18 to 25) 病人為學生（年齡介乎十八至二十五歲）	Copy of Student Identity Card 學生證副本
☐ Claim from other insurer(s) 已獲其他保險公司支付賠償	Certified true copy of compensation breakdown from other insurer(s) 其他保險公司賠償結算明細表的核實副本
☐ Hospitalized in PRC Hospital 入住國內醫院	Copy of 以下文件副本： (i) Home Visit Permit; and 回鄉證；及 (ii) Daily Hospitalization Record; and 每日住院記錄；及 (iii) Patient's ID Card/ passport (if other than Policyowner and Claimant) 病人的身份證/ 護照（如非保單持有人及索償人）
☐ Hospitalized in Government Hospital *入住政府醫院*	Copy of 以下文件副本： (i) Discharge Summary/ Slip; or 出院紙；或 (ii) Sick Leave Certificate with Diagnosis 列明診斷結果的病假證書

Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macau policies. The cheque will be forwarded to the Policyowner with the Payment Advice after approval of the claim.
除特別要求外，於香港簽發的保單的賠償支票將以港元支付，而於澳門簽發的保單的賠償支票則以澳門幣支付。當索償獲批准後，支票將連同通知書一併送交保單持有人。

✉ Please submit aforesaid required documents to Macao Administration Office, Manulife (International) Limited, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A.
請將上述所需文件寄回澳門新馬路61號永光廣場十四樓A宏利人壽保險（國際）有限公司澳門分行行政部。

Note 註

* For payment incurred in Public Ward Unit of hospitals governed by the Hospital Authority of Hong Kong only, completion of Part II of the Form will be waived if ALL of the following conditions are met: 若於香港醫院管理局轄下的公眾病房內留醫，且索償符合以下所有項目，則可獲豁免填寫表格第二部份：

a) Daily hospital fee was charged at flat rate 每天固定醫療收費

b) The claims amount is less than USD500.00 or HKD4,000.00 索償金額少於500美元或4,000港元

c) The claim must be accompanied by the original/ certified true copy of Sick Leave Certificate or other official documents (e.g. Discharge Summary/ Slip) with Diagnosis 必須遞交列有診斷結果的病假證書或其他正式證明文件（例如出院紙）之正本或核實副本

d) Qualifying Duration 合資格期限
- The policy/ benefit has been effective for more than 2 years – all diagnosis (except exclusions) 計劃/ 保障生效兩年以上：任何診斷結果（不受保項目除外）
- The policy/ benefit has been effective for less than or equal to 2 years – diagnosis specified on below annexed list only 計劃/ 保障生效少於或相等於兩年：只限 下列診斷結果

Annexed List of Diagnosis 診斷結果列表

Accident Cause 意外造成	Duodenitis 十二指腸炎	Laryngitis 喉炎	Roseola 玫瑰疹
Allergic Rhinitis 過敏性鼻炎	Enteritis 腸炎	Lymphadenitis 淋巴結炎	Rubella 德國麻疹
Appendicitis 闌尾炎（盲腸炎）	Fascitis 筋膜炎	Measles 痲疹	Tonsilitis 扁桃腺炎
Balanitis 龜頭炎	Gastritis 胃炎	Mole /Subcutaneous Cyst 痣/ 皮下囊腫	Tracheitis 氣管炎
Bronchitis 支氣管炎	Gastroentercolitis 胃腸結腸炎	Muscularskeletal Pain 肌（與）骨骼痛	Upper Respiratory Tract Infection 上呼吸道感染
Cellulitis 蜂窩織炎	Gastroenteritis 胃腸炎	Otitis Externa 外耳炎	Urinary Tract Infection 尿道炎
Chalazion 瞼板腺囊腫	Hemorrhoids 痔瘡	Parotitis 腮腺炎	Viral Infection 病毒感染
Chest Infection 胸部感染	Hepatitis A 甲型肝炎	Peritonitis 腹膜炎	Vocal Polyps 聲帶息肉
Cholecystitis 膽囊炎	Hernia 疝氣（小腸氣）	Pharyngitis 咽炎	Wart 疣
Chondritis 軟骨炎	Herpes Zoster 單純皰疹	Pneumonia 肺炎	
Cystitis 膀胱炎	Influenza 流行性感冒	Renal Stones 腎石	