

**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 \_\_\_\_\_  
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 \_\_\_\_\_

**PART I — TO BE COMPLETED BY THE INSURED / POLICYOWNER**

**第一部份 — 由受保人 / 保單持有人填寫**

**Important Notes 重要事項:**

- For document requirements of this claim, please refer to the Hospital Claims Instructions or scan the QR code.  
有關此索償的所需文件，請參考「住院索償指引」或掃描二維碼。
- 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。



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| Policy No./ Cert No. <b>in Claim Sequence:</b><br>按索償次序的保單編號/受保證書編號:   | Type of products 產品類別:   | Name of Policyowner / Employee / Member 保單持有人 / 僱員 / 成員姓名: |
| 1. _____   | Individual 個人 <input type="checkbox"/> Group 團體 <input type="checkbox"/> | _____  |
| 2. _____   | Individual 個人 <input type="checkbox"/> Group 團體 <input type="checkbox"/> | _____  |
| <p>Under ManuEnrich Medical Top-up Plan ("ManuEnrich"), all eligible medical expenses must first be claimed under any other available insurance coverage of the insured before claiming under ManuEnrich. If the insured is entitled to any benefits payable for such eligible medical expenses under another insurance policy issued by Manulife (either a group medical scheme or an individual medical scheme), <b>this claim will automatically be processed &amp; settled under such other insurance policy first and the balance will then be claimed under ManuEnrich.</b></p> <p>根據倍康醫療加保計劃(「倍康」)，所有合資格醫療費用必須先向受保人其他可用的保險保障索償，然後才可於倍康提出索償。若受保人有權於宏利發出的其他保單下，就合資格醫療費用獲得支付賠償(不論團體醫療計劃或個人醫療計劃)，此索償個案將先自動於該其他保單進行處理及索償，餘額再於倍康進行索償。</p> |  |  |
| Benefits to Claim 索償類別 <input type="checkbox"/> Medical Reimbursement 醫療費用 <input type="checkbox"/> Hospital Income/Special Bonus 住院現金/特別獎賞 <input type="checkbox"/> ICU Benefit 深切治療保障  |  |  |

|   |   |   |
|---|---|---|
| Name of Insured 受保人姓名:  | HKID / Passport No. 香港身份證 / 護照號碼:<br>(please attach copy 請附上副本)   |   |
| Occupation 職業:  | Date of Birth 出生日期:<br>(DD日/MM月/YY年)  | Sex 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女 |
| (1) If the medical expenses are incurred outside Hong Kong or Macau, please provide the reason. 若醫療費用於香港或澳門以外地區產生，請提供原因。<br>_____   | (2) Please provide the reference no. of Preliminary Assessment (if applicable) 請提供初步評估之參考編號(如適用):<br><br>IFP - PA _____ |   |
| <p>(3) Did you submit this insurance claims to other insurance company? 閣下有否於其他保險公司遞交是次保險賠償?<br/> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 <input type="checkbox"/> Medical reimbursement 醫療費用 <input type="checkbox"/> Hospital income 住院現金 <input type="checkbox"/> Others 其他<br/>                 Name of Insurance Company 保險公司名稱: _____<br/>                 Policy No. 保單編號: _____</p> <p>Is / Are the submitted claim application document(s) DIGITAL receipt(s)? 閣下提交的索償申請文件是否為電子收據?<br/> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是<br/>                 Please refer to Point 3 under Declaration and Authorization 請細閱聲明及授權的第3點<br/> <input type="checkbox"/> <b>Original receipt will not be returned.</b> Please "✓" this box for obtaining certified true copy of receipt. <b>正本收據將不獲發還。</b>如需取得收據的核實副本，請於方格內加上“✓”。</p> |   |   |
| <p>(4) 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?<br/> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是<br/>                 Doctor's Name 醫生姓名: _____<br/>                 Address 地址: _____<br/>                 Treatment Date 診治日期:(DD日/MM月/YY年) _____</p>  |   |   |
| <p>(5) 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?<br/> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是<br/>                 Date 日期: _____ Time 時間: _____ Place 地點: _____<br/>                 (DD日/MM月/YY年)<br/>                 Brief Description 經過: _____</p> <p><input type="checkbox"/> Claim emergency outpatient benefit 索償緊急門診保障<br/> <input type="checkbox"/> Claim the outstanding balance under the accident coverage provided by Manulife, if applicable. (Please provide the relevant policy no. above. No completion of additional "Claim Form for Accident"(C12) is required.) 索償餘額於宏利提供之意外保障索償，如適用。(請於上方提供相關保單編號，並無需額外填寫「意外索償表格」(C12))</p>   |   |   |

|  |
|--|
| <b>Other Information / Special Request 其他資料 / 特別指示</b> |
|--|

**ePayout allows you to get money faster and have it transferred to your bank account directly without hassle.**  
電子支付將款項直接轉入您的銀行帳戶，令您更快收取款項，化繁為簡。

**Payment Instructions (Only applicable to Individual Products) 付款指示 (只適用於個人產品) :**

**Notes 註:**

- e-Payout is only applicable to policyowner's bank account, except joint account** 電子支付只適用於保單持有人之銀行帳戶，不包括聯名戶口
- Default e-Payout Method will be applied (if any) if no option is specified or the specified option is invalid 如未有指明或所選擇的付款方法無法被使用，預設電子提取付款方法 (如有) 將採用為是次付款方法

**By e-Payout 電子支付 :**

- a. Default e-Payout Method (i.e. last channel for receiving claims payment or policy payment through FPS/Direct Credit. If this option is selected without prior default arrangement, we will pay according to option b(i) below (if applicable). Otherwise, cheque will be issued.) 預設電子提取付款方法 (即上一次經轉數快或存入銀行帳戶以收取理賠金額或保單款項之渠道。如選擇此選項但未有預先設立提取安排，將根據下列 b(i) 選項處理付款 (如適用)，否則將以支票形式支付 OR below specified e-Payout Method (will be set as default arrangement): 或以下指定電子提取付款方法 (將被設置為預設付款方法) :

- b. Direct Credit to one of my following bank accounts (up to HKD300,000/USD37,500) 直接存入本人下列其中一個銀行帳戶 (限額港元 300,000/ 美元37,500)

- (i) Current autopay bank account in HKD currency for payment of premium and levy 現時繳付保費及徵費之港元自動轉帳銀行帳戶
- (ii) Bank account specified below 以下指定的銀行帳戶 :

1. Name of account holder

帳戶持有人姓名

:

2. Currency and Bank Name 貨幣及銀行名稱

- HKD Bank Account 港元銀行帳戶

Bank Name

銀行名稱

:

- USD Bank Account (only applicable for USD Policy) 美元銀行帳戶 (只適用於美元保單)

Bank Name

銀行名稱

: THE HONGKONG AND SHANGHAI BANKING CORPORATION LTD 香港上海滙豐銀行有限公司

3. Bank No. Branch No. Bank Account No.

銀行編號

分行編號

銀行帳戶號碼

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)**  
請提供帳戶資料證明 (如列有帳戶持有人的姓名及帳戶號碼之銀行帳單或銀行存摺影印本)

- c. FPS to my default receiving account (in HKD only, up to HKD1,000,000) 轉數快至本人預設的收款帳戶 (只限港元, 限額港元1,000,000)

Hong Kong Mobile Phone Number

香港手提電話號碼

:(852) \_\_\_\_\_

Others, Country / Region Code & Mobile Phone Number

其他, 國家/區域號碼及手提電話號碼

:( ) \_\_\_\_\_

**Remarks 備註:**

- The above specified Faster Payment System (FPS) mobile phone number is for FPS payment only and will not be updated to your contact information in our record. 上述指定之手提電話號碼只用於轉數快轉帳，並不會用作更新您於我們紀錄內的聯絡資料。
- For payout through FPS, only applicable to payment with maximum daily transaction limit not exceeding HKD1,000,000 (or equivalent) per policy. If payment is exceeding HKD1,000,000 (or equivalent) or above, or the instruction cannot be executed, it will be issued by cheque and collected by Insurance Advisor. 經轉數快之付款，每份保單每日最高存款交易不能超過港元1,000,000 (或等值)。如交易超過港元1,000,000 (或等值) 或以上，或無法執行有關付款指示，總額將以支票形式支付，並由保險顧問轉交。
- For payout through Direct Credit, only applicable to payment with maximum daily transaction limit not exceeding HKD300,000/USD37,500 per policy. If payment is exceeding HKD300,000/USD37,500 or above, or the instruction cannot be executed, it will be issued by cheque and collected by Insurance Advisor. 經直接存入銀行帳戶之付款，每份保單每日最高存款交易不能超過港元300,000/ 美元37,500。如交易超過港元300,000/ 美元37,500或以上，或無法執行有關付款指示，總額將以支票形式支付，並由保險顧問轉交。
- The above instruction will replace the existing default e-Payout method (if any). 以上指示將取代現有之電子預設付款指示 (如有)。
- If there is no default e-Payout method set in our record, it will be issued by cheque<sup>(a) (b) (c)</sup>. 如未有設立電子預設付款方法，總額將以支票形式<sup>(a) (b) (c)</sup> 支付。
  - Paid by Cheque in Hong Kong Dollar 以港幣支票支付
  - For USD policy - Paid by Cheque in USD (drawn in Hong Kong) 適用於美元保單 - 以美元支票支付 (由香港的銀行付款)
  - For USD policy - Paid by Cheque in USD (drawn in United States) 適用於美元保單 - 以美元支票支付 (由美國的銀行付款)
- Cheque collection method 支票交付方式
  - Through my Insurance Advisor 經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
  - Pick up in Customer Service Centre 於客戶服務中心領取
- By Other Payment Option available for claims payment – Please provide details in page 1 section of “Other Information / Special Request” 以其他適用於收取理賠款項之形式 - 請於第一頁「其他資料/特別指示」部分提供詳情。

**Notes 註:**

- (a) Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macao 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。
- (b) For policy in non-HKD currency, its 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. 非港元保單的港元等值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 longer settlement period to clear a foreign cheque in Hong Kong. Bank charges may be incurred by client for clearing the cheque. 銀行通常需要較長的結算時間由香港兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。

## Declaration and Authorization 聲明及授權

(1) 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。

(2) 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;

ii) 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、代位申索、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。

iii) 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.

iv) 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)。

(3) (Only applicable when the claim application document(s) is/are digital receipt(s)) I/We hereby declare that the enclosed claim application document(s) is/are DIGITAL receipt(s), and I/we agree to provide payment proof upon request if needed. If I/we have applied to other insurance company(ies) for payment(s) of the above mentioned claim, I/we confirm that a copy of the payment advice from that insurance company has been enclosed here in support of my/our application for the remaining balance of the claim (if applicable). I/We understand that Manulife reserves all rights to reverse / claw back any payment made if my claim has been paid by any other insurance company(ies). I/We confirm that there is no ongoing payment application in relation to the above mentioned claim at any other insurance company. I/We acknowledge that the making of this declaration shall not in any way determine the liability of Manulife (International) Limited ("Manulife") in any relevant claims settlement.

(只適用於索償申請文件為電子收據)本人/吾等特此聲明,附上之索償申請文件為電子收據,並同意在需要時按要求提供付款證明。倘若本人/吾等曾經就上述理賠個案向其他保險公司作出賠償申請,本人/吾等確認已經附上該保險公司的賠償通知書副本,以作餘額索償申請之用(如適用)。本人/吾等明白,倘若有其他保險公司曾就上述理賠個案作出賠償,宏利保留撤銷/取回已賠償之金額的所有權利。本人/吾等確認上述理賠個案在其他保險公司沒有正在進行的賠償申請。本人/吾等確認,作出以上聲明並不代表宏利保險(國際)有限公司("宏利")必須就任何有關索償負上理賠責任。

(4) I/We understand and agree that Manulife has the right to reverse/claw back any incorrect payment caused by incorrect information provided by me/us.

本人/吾等明白並同意宏利有權要求本人/吾等退回因本人/吾等提供不確資料而導致的錯誤賠償。

(5) 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 (if Aged 18 or Above)\*  
受保人簽署(如十八歲或以上)

Name (In BLOCK LETTERS) & I.D. No. of Insured  
受保人姓名(請以正楷書寫)及身份證號碼

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)及身份證號碼

Date (DD/MM/YYYY)  
日期(日/月/年)

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

**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 / 外科醫生填寫，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) \_\_\_\_\_

Period in ICU 入住深切治療部日期 from 由 (DD日/MM月/YY年) \_\_\_\_\_ to 至 (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  Isolation room 隔離病房  Day Case 日間治療

**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) How long had the patient been experiencing the symptoms / complaints before the first consultation? 病人在首次求診前已患有症狀 / 主訴多久? \_\_\_\_\_
- c) Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀 / 主訴 \_\_\_\_\_

**2. Hospitalization 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) (i) Operation procedure(s) performed 手術的名稱 \_\_\_\_\_  
(ii) Any co-surgeons? If yes, please provide their names, specialties and role in the operation. 有否其他外科醫生參與手術? 如有，請提供他們的姓名、專科以及在手術中的職責 \_\_\_\_\_
- (iii) Mode of Anaesthesia 麻醉方式:  GA 全身麻醉  LA 局部麻醉  MAC 監察麻醉  sedation 鎮靜 (IV or Oral 靜脈注射或口服)
- c) If the patient has been referred to consult other physician during this hospitalisation, please provide the following 如病人於住院期間曾被轉介向其他醫生求診，請提供以下資料：  
Name of physician consulted 求診醫生姓名 \_\_\_\_\_ Reason 原因 \_\_\_\_\_  
What treatment had the physician performed 治療詳情 \_\_\_\_\_
- d) Please give a brief discharge and/or investigation summary (including etiology, types and results of major examinations, treatments, complications and follow up dates & plan) 請提供出院及/或檢查撮要 (包括病因、主要檢查的種類及結果、治療、併發症及覆診日期和詳情) \_\_\_\_\_
- e) Can the medical test(s) and the operation procedure be done on an outpatient basis / at day surgery centre? 該檢查及手術可否在門診 / 日間手術中心進行?  
 Yes 可以  
 No, (i) please provide reason(s) 不可以，請提供原因 \_\_\_\_\_  
(ii) Any comorbidity? 有否合併症?  Yes, please specify details 有，請提供詳情 \_\_\_\_\_  
 No 否
- f) Is it a case of emergency? 這是否緊急個案?  
 Yes, please specify reason(s) 是，請提供原因 \_\_\_\_\_  
 No 否

**3. Professional Comment 專業意見 :**

- a) In your opinion, was the patient hospitalized 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  Pregnancy 懷孕  Congenital condition 先天性疾病 / 異常  
 Self-inflicted injury 自我傷害  Infertility or sterilization 不育或絕育  Developmental condition 發育問題  
 Abuse of drugs or alcohol 濫用藥物或酒精  Contraception 避孕  Hereditary condition 遺傳性問題  
 Mental disorder 精神紊亂  Treatment for cosmetic purpose 美容性質的治療  General check-up 一般身體檢查  
 Refractive error 屈光不正  Vaccination 疫苗接種  N/A 不適用  
 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) (ONLY APPLICABLE TO Preliminary Assessment of VHIS Product) Compared with Preliminary Assessment, are there any variations on the medical services actually received (e.g. cost and treatment)? If yes, please provide reason(s). (僅適用於自願醫保產品初步評估) 與初步評估相比，實際接受之醫療服務有否任何改變 (例如費用及治療)? 如有，請提供原因。 \_\_\_\_\_
- c) Are you the patient's usual physician? 閣下是否該病人的慣常醫生?  Yes 是  No 否  
Since 自 (DD日/MM月/YY年) \_\_\_\_\_

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。

X

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 \_\_\_\_\_ Date 日期 (DD日/MM月/YY年) \_\_\_\_\_



## 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。

☑ Please submit aforesaid required documents to Claims Department of Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

請將上述所需文件寄回香港九龍觀塘偉業街223-231號宏利金融中心A座22樓宏利人壽保險(國際)有限公司個人理財產品理賠部。

☑ Or you can submit the required claims documents through our new Claims platform (<http://www.claimsimple.hk> or by scanning the QR code).

或您可透過我們全新的eClaims平台遞交所需索償文件(<http://www.claimsimple.hk> 或掃描二維碼點提交索償)。

Below required documents must be received by Manulife within 90 days from the date on which medical expenses were incurred. (Note: No original documents will be returned)

以下所需索償文件須在有關醫療費用支付後九十日內提交宏利。(註:正本文件將不獲發還)

### Claims Document Checklist - Basic Requirements 索償文件清單:基本要求

- **Fully completed** Medical Insurance – Hospitalization & Surgical Claim Form (C13); and **完整填妥**之「醫療保險 - 住院及手術賠償表」(C13); 及
- **Original** hospital **receipts**; and 醫院**收據正本**; 及
- Original statement of charges / accounts; and 收費單正本; 及
- HKID card / passport copy of both Policyowner and Insured (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) 保單持有人及受保人的香港身份證/ 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)
- **Full set copy of medical documents** from hospital, including copy of laboratory, diagnostic, imaging & histopathology report and discharge summary 醫院提供之**全套醫療文件副本**, 包括:化驗、診斷、影像和病理報告之副本及出院紙副本
- **Breakdown of charges** of laboratory, investigation tests, medication, meal and medical package (if applicable) 化驗、檢驗、藥物、膳食和醫療套餐(如適用)**費用細分**

| Applicable For / When 適用於   | Additional Documents <sup>Note (1)</sup> 附加文件 <sup>註(1)</sup>  |
|---|--|
| Pre- / post- hospitalization / day case surgery outpatient benefit<br>住院/出院/日間手術前後門診                | • <b>Original receipts with diagnosis proof</b> 附有 <b>診斷證明</b> 之 <b>收據正本</b>   |
| Claims paid by other insurers<br>已獲其他保險公司支付賠償   | • <b>Copy of payment advice and original / certified true copy of receipts from other insurers</b> 其他保險公司賠償明細表副本; 及 <b>收據正本 / 該保險公司發出的收據核實副本</b>   |
| Hospitalized in Mainland China hospital<br>入住中國內地醫院   | • Copy of daily hospitalization record 每日住院記錄副本<br>• Copy of Home Visit Permit 回鄉卡副本   |
| Claims for dependent of the insured who is a student & aged 18 to 25<br>如為受保人之家屬索償而其為學生及年齡介乎十八至二十五歲 | • Copy of student identity card<br>學生證副本   |
| Traffic accident involved<br>涉及交通意外   | • Copy of police report / traffic accident report / police statement<br>警察報告 / 交通意外報告 / 警察口供紙副本  |
| Hospitalized in Government Hospital <sup>Note (2)</sup><br>入住政府醫院 <sup>註(2)</sup>                   | • Copy of discharge summary / slip; or 出院紙副本; 或<br>• Copy of sick leave certificate with diagnosis 列明診斷的病假證明書副本  |
| Wart/Benign Skin Lesion Surgery<br>去疣/及良性表皮病變手術   | • Wart/Benign Skin Lesion Surgery Claim-Supplementary Form (C_ENQ02) <sup>Note(3)</sup> completed by attending doctor 主診醫生填妥之「去疣/及良性表皮病變手術理賠 - 附加表格」(C_ENQ02) <sup>註(3)</sup><br>• 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<br>• Operation record with details note including operation duration, operating medication, body part 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<br>• Pre- and post-surgery clinical photos, subject to the sensitivity of the body location where the treatment was performed, signed by patient 手術前和手術後的臨床照片, 取決於治療的身體部位的敏感性, 並由患者簽名<br>• Pathology report (if surgical curettage was done) 病理報告(適用於手術刮除術)<br>• 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。 |

Note 註:

- (1) Manulife reserves the right to request for original documents or other supplementary documents / information if deemed necessary 如有需要, 宏利保留要求提供正本文件或其他補充文件/資料的權利
- (2) For payment incurred in Public Ward Unit of hospitals governed by the Hospital Authority of Hong Kong / Macao Health Bureau 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 / 澳門衛生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 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 麻疹                       | Tonsillitis 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         | Gastroenterocolitis 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 單純疱疹        | Pneumonia 肺炎                     |  |
| Cystitis 膀胱炎            | Influenza 流行性感冒           | Renal Stones 腎石                  |  |

- (3) Please download the Supplementary Form at Manulife website <https://www.manulife.com.hk> or contact your Insurance Advisor for details 請在宏利網站 <https://www.manulife.com.hk> 下載附加表格或向閣下之保險顧問查詢。