

Medical Insurance - Outpatient Claim Form

醫療保險 - 門診索償表



No. of original receipt(s) attached () 附上醫生發出之正本收據 () 張

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| Name of Policyholder : 保單持有人名稱 : | Policy No. : 保單號碼 : |
| Name of Employee/Member 僱員/成員姓名 : (For group insurance policy only 只適用於團體保險) | |
| Employee Code 僱員編號 : (if applicable 如適用) | Contact No. : 電話號碼 : |
| Name of Patient : 病人姓名 : | ID Card/Passport No. of Patient : 病人身份證/護照號碼 : |

If the consultation was due to accident, please provide: 若診治因意外引起, 請提供:

Date of Accident 意外發生日期: _____ Time 時間: _____ Place 地點: _____

Brief Description 經過: _____

DECLARATION & AUTHORIZATION 聲明及授權:

I hereby declare that the above information given is true and correct. I further authorize any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to FWD General Insurance Company Limited or its authorized representative. A photocopy of this authorization shall be considered as effective and valid as the original.

本人現聲明上述所填報的資料正確無訛。本人授權任何醫生、醫院、保險公司或機構, 可以將部分或全部有關本人傷患之病歷(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予富衛保險有限公司或其已獲授權之代理人。此授權書之副本與正本具同等效力。

Signature of Patient 病人簽署

Date 日期

If the patient is a minor, the patient's parent / legal guardian can sign on his/her behalf 若病人為小童, 則可由家長 / 合法監護人簽署

Notes 注意:

1. All original receipts must bear the clinic's chop and doctor's signature and submit together with this claim form within 90 days from the date of consultation.
所有正本收據須蓋有診所印章及由醫生簽署並於診症後九十天內與賠償表格一併遞交。
2. Doctor's referral letter is required for Physiotherapist's & Chiropractor's Treatment, Specialist's consultation, diagnostic X-ray and laboratory tests (For Specialist's consultation, referral letter for Dermatologist, Ophthalmologist, Gynaecologist and Orthopaedist & Traumatologist are waived.
物理治療師及脊椎治療師治療, 專科門診, X光檢驗及化驗均須出示主診醫生的推薦書(皮膚科、眼科、婦產科及骨科及創傷外科之專科治療除外)。
3. For Chinese Medicine Practitioner's claim, please submit both original receipts and prescription.
中醫治療索償必須遞交正本中醫收據及藥方(處方箋)。