

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

OUTPATIENT MEDICAL CLAIM FORM
門診醫療賠償申請表

Policy No. 保單編號 : _____ Policyholder 僱主名稱 : _____
 Patient's Name 病者姓名 : _____ Employee 僱員 Spouse 配偶 Child 子女 Plan No. 計劃組別 : _____
 Staff Name 職員姓名 : _____ H.K.I.D. No. 身份證號碼 : _____ Client Code. 編號 : _____

Date of Consultation 診症日期	Please indicate the "Amount of Charge" according to the Benefit Type below 請按索償類別註明有關之“收費”						
	General 普通門診	Specialist 專科門診	Lab / X-ray 化驗 / X光	Herbalist 中醫	Physiotherapy 物理治療	Dental 牙科	Others (Specify) 其它(註明)
1.							
2.							
3.							
4.							
Total Charges: 總收費:							

Note: For details of Information required for Outpatient claims, please refer Claims Procedures below
備註: 有關醫療門診索償所需之資料, 請參閱本表下列之賠償手續

DECLARATION AND AUTHORIZATION 聲明及授權書

I hereby declare that the above statement and answers are complete and true. I hereby authorize on behalf of myself and my dependants any registered medical practitioner, hospital, clinic, Insurance Company to disclose to CHINA TAIPING INSURANCE (HK) COMPANY LIMITED all information concerning the above disability and any prior medical history. A Photostat copy of this authorization shall be as valid as the original.

本人聲明上述所填報之資料完全真實無訛。

本人現授權任何註冊醫生、醫院、診所或其他保險公司, 持有有關本人及本人家屬之任何傷病資料及過往健康記錄, 提供予 中國太平保險(香港)有限公司。本授權書之影印本與正本有同等效力。

Please return the 'Original' receipts, "✓"
如需退回收據, 請于格內劃“✓”

Signature of Claimant 申請賠償者簽名

Date 日期

OUTPATIENT - CLAIM PROCEDURE 門診之賠償手續

- This Claim Form must be completed and returned to the Insurance Company by the claimant within 90 days after incurring such expenses; otherwise claim will not be approved.
此表格必須由申請賠償者在診症後九十天內填報及寄回保險公司, 逾期申請將不獲處理。
- Original receipt of each claim submitted must bear the following Information:-
收據正本上必須列明以下資料:-

(a) Date of Consultation	診症日期
(b) Name of Patient	病人姓名
(c) Breakdowns Charges for each service performed	每項服務收費之明細
(d) Cause/Diagnosis	病因/病症之名稱
(e) Type of Treatment (applicable to Bone-setter)	治療方法 (跌打骨科適用)
(f) Doctor's Signature & Chop	醫生簽署及蓋章
- For Laboratory Test, Specialist Consultation, Prescribed Medicines & Drugs, Physiotherapy Treatment or Chiropractic Treatment Claims, a "Referral Letter" from the attending physician must be submitted.
至於各項化驗費、專科醫生診症費、外購處方藥物費用、物理治療或整脊治療之賠償申請, 必須連同主診醫生推薦書方作有效。
- For Chinese Herbalist benefit claims, a list showing type of Herbal Drug recommended and the Cause / Diagnosis of the Sickness with the Chinese Herbalist's signature and chop must be submitted.
有關中醫門診之索償, 必須連同主診中醫師簽署及蓋章之中草藥藥方(包括病因/病症之名稱)
- If the "REQUEST TO RETURN ORIGINAL RECEIPTS" is notified after claims settlement, a service charge for retrieval will be applied.
如在作出賠償後, 才要求退回收據正本, 索償人需付交查檔所須之手續費
- For all pending claims, any supplementary information or medical report must be re-submitted to the Insurance Company within 180 days after incurring such expenses, otherwise such claim will not be approved.
所有被退回之待決索償文件, 有關補充資料或醫療報告必須由申請賠償者在診症後一百八十天內補送回保險公司, 逾期交回的文件將不獲處理。
- Payment for items and conditions listed under "EXCLUSIONS" on the Policy shall not be reimbursed.
所有保單內列明之“不受保範圍”均不獲賠償。
- All Individual medical coverage must refer to the Insurance Schedule of the Policy contract.
有關個別醫療保障內容, 請參照保單之附表。