Blue Cross 藍十字
An AIA Company 友邦保險成員公司

手術／治療前索償評估網上服務
Pre-procedure Claim Assessment Online Service

收集個人資料聲明
Personal Information Collection Statement

本表格僅供網上平台申請使用
This form is for applications via online platform only

手術／治療前索償評估表格 Pre-procedure Claim Assessment Form

請以英文正楷填寫此表格並上傳至手術／治療前索償評估平台，收妥所有所需資料後，處理需時約4-7個工作天。於受保人（病人）符合資格的情況下，藍十字將為受保人（病人）就其保單保障範圍作可賠償金額之評估。

Please complete this form in BLOCK letters and upload to the Pre-procedure Claim Assessment platform. It should take around 4-7 working days once all necessary information is received. Subject to the eligibility of the Insured (Patient), as assessment of the estimated eligible claim amounts under the policy will be provided by Blue Cross.

甲部 - 由保單持有人及受保人(病人)填寫
Part I - To be completed by the Policyholder and the Insured (Patient)

保單號碼 Policy No.	受保人號碼(如適用) Insured No. (if applicable)
受保人(病人)姓名 Name of Insured (Patient)	聯絡電話號碼 Contact Telephone No.

聲明及授權書
Declaration and Authorisation

本人／我們，謹此聲明並同意:

(1) 可賠償金額之評估及其他與此評估有關之口頭或書面通訊是根據保單內住院及手術保障所計算，只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合所有保單條款及細則及所有不保之事項的情況下支付。如此評估與最終理賠有任何差異，均以最終理賠為準。

(2) 本人／我們已閱讀及明白隨本表格附上的收集個人資料聲明。

I/WE HEREBY DECLARE AND AGREE THAT:

(1) Assessment of the estimated eligible claim amounts and any other communication in relation to this assessment, whether verbal or written, are computed based on Hospital and Surgical Benefits of insurance policy and are solely for customers' reference, actual eligible claim amounts will be subject to the final claim decision. All benefits payable are subject to the terms and conditions and the full list of policy exclusions. Should there be any discrepancy between this assessment and the final claim decision, the final claim decision shall prevail.

(2) I/We have read and understood the Personal Information Collection Statement as accompanied with this form.

保單持有人／受保人(病人)簽署 Signature of the Policyholder/Insured (Patient)	受保人(病人)簽署(倘若受保人(病人)之年齡在18歲以下，本申請表須由其家長簽署) Signature of the Insured (Patient) (if Insured (Patient) is less than 18, signature of his/her parent is required)	日期(日／月／年) Date (DD/MM/YY)

乙部 - 由主診醫生／外科醫生填寫
Part II - To be completed by Attending Physician/Surgeon

主診醫生／外科醫生姓名 Name of Attending Doctor/Surgeon	醫生診所地址 Address of Doctor/Surgeon's Clinic
聯絡電話號碼 Contact Telephone No.	傳真號碼 Fax No.
醫院名稱 Name of Hospital	住房級別 Room Class ☐ 私家房 Private ☐ 半私家房 Semi-private ☐ 普通房 Ward ☐ 日間中心 Day Case ☐ 門診 Outpatient/Clinical
預計入院日期(日／月／年) Expected Date of Admission (DD/MM/YY)	預計住院日數 Expected Length of Confinement _____ 日 Day(s)

醫療詳情
Medical Condition

(1) 診斷及相關病徵
Diagnosis and associated signs and symptoms

(2) 相似病徵已存在多久（首次病發日期）？
How long have the similar symptoms and signs been existing (i.e. onset date)?

（日／月／年）
(DD/MM/YY)

(3) 病人首次向閣下求診的日期為何時？
When did the patient first consult you for this condition?

（日／月／年）
(DD/MM/YY)

(4) 是次住院是否與懷孕有關？
Is the hospitalisation related to pregnancy?

☐ 是 Yes ☐ 否 No

治療詳情
Treatment Details

將進行之手術／治療
Surgical procedure(s)/treatment(s) to be performed

將進行之化驗／影像檢查／其他診斷性檢查
Lab test(s)/imaging(s)/other diagnostic investigation(s) to be performed

將進行之麻醉方式
Type of anaesthesia to be performed ☐ 局部 Local ☐ 全身 General ☐ 監察麻醉 MAC ☐ 不需要 Not required

是此入院可於門診或日間中心進行？如答案是否，請説明原因。
Can the case be proceeded as outpatient or daycase? Please provide reason if the answer is No.

預算醫療費用 Estimated Medical Expenses

☐ 外科醫生費用 Surgeon's Fee HK$ _____

☐ 麻醉科醫生費用 Anaesthetist's Fee HK$ _____

☐ 手術室費用 Operating Theatre Charge HK$ _____

☐ 醫生巡房費用 Physician's Hospital Visit or Ward Round Fee HK$ _____

☐ 醫院雜項費用 Miscellaneous Hospital Charges HK$ _____

主診醫生／外科醫生簽署 Signature of Attending Doctor/Surgeon	日期（日／月／年） Date (DD/MM/YY)