



# Blue Cross 藍十字

An AIA Company 友邦保險成員公司

## Outpatient Benefits and Hospitalisation and Surgical Benefits Claims Procedures

Please submit your insurance claim to Blue Cross (Asia-Pacific) Insurance Limited (“The Company”) within 90 days after the treatment via the following channels.

1. 24/7 eClaims online platform at Blue Cross HK App or Super Care website, or;

Submit claim in  
3 simple steps



Blue Cross HK App

2. Complete the Outpatient Claim Form and Hospitalisation and Surgical Claim Form with the required documents and return to Medical Claims Department of The Company by mail or in person: 54/F Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong.

### To make a claim:

Please provide relevant claims documents as specified below to facilitate the claim process.

	Claim Items	Claims Procedures and Required Documents
1	<b>Outpatient Benefits</b>	<p><b>After treatment, please get the following required documents from the clinic:</b></p> <ol style="list-style-type: none"> <li><u>Original Receipts</u> issued by the doctor or certified true copy of receipts issued by other insurance company (if applicable). Each receipt <b>MUST</b> state the following information: <ul style="list-style-type: none"> <li>✓ Full name of the insured (patient)</li> <li>✓ Date of consultation/date of treatment</li> <li>✓ Diagnosis</li> <li>✓ Bills with breakdown of charges</li> <li>✓ Doctor’s signature and official stamp</li> </ul> </li> <li>Additional documents (if any): <ul style="list-style-type: none"> <li>✓ Referral letter issued by a Registered Medical Practitioner with full name of the insured (patient) and diagnosis is required for specialist consultation, diagnostic imaging and laboratory tests (unless it is waived). Referral letter is valid for 6 months from the date of issuance for the same disability</li> <li>✓ Claim for expenses incurred prescribed medicines/drugs must be supported by the doctor’s prescription stating full name of the insured (patient), diagnosis, name of medication, dosage and treatment duration</li> <li>✓ For treatment of Chinese Medicine Practitioner, please attach the original prescription (if applicable)</li> <li>✓ For outpatient visits in public hospital/clinic, please provide the original receipts together with a copy of medical certificate/sick leave certificate with specified diagnosis. If no diagnosis is provided by the doctor, the insured (patient) is required to supplement the exact diagnosis (e.g. Hypertension) on the abovementioned documents and confirm with a signatory (only applicable to public charges)</li> <li>✓ Copy of claim settlement report issued by other insurance company (if applicable)</li> </ul> </li> </ol> <p><b>Within 90 days upon treatment,</b></p> <p><b>By eClaims:</b> input simple information and upload claim documents, after confirmation of inputting information, claims approval would be provided within 3 working days.</p>

	<p><b>By Mail:</b> complete and sign an “Outpatient Claim Form”. <u>Please clearly state the Name of Policyholder/Employer, Policy Number, Name of Insured (Patient) and Patient’s Insured Number on the claim form and each form is for one Insured (Patient) only.</u> Submit the completed claim form with the required documents. It usually takes 7 working days to process the claim upon receiving completed claim form and all required document.</p> <p>If email address is provided, The Company will notify you by email once the claim is completed.</p>
<p><b>2 Hospitalisation and Surgical Benefits</b></p>	<p><b>Before discharge from the hospital, please get the following required documents:</b></p> <p>i. <u>Original Receipts</u> issued by the doctor and/or hospital or certified true copy of receipts issued by other insurance company (if applicable). Each receipt <b>MUST</b> state the following information:</p> <ul style="list-style-type: none"> <li>✓ Full name of the insured (patient);</li> <li>✓ Date of treatment</li> <li>✓ Diagnosis</li> <li>✓ Hospital bills with breakdown of charges</li> <li>✓ Doctor slips with doctor’s signature and official stamp</li> <li>✓ Name of surgery (if applicable)</li> </ul> <p>ii. Additional documents (if any):</p> <ul style="list-style-type: none"> <li>✓ Referral letters for any specialist consultation or SRN nursing</li> <li>✓ Copies of histopathology, endoscopic, diagnostic/ laboratory tests reports or operating theatre summary</li> <li>✓ For confinement in public hospital, please provide the original receipts issued by the hospital together with a copy of discharge summary. If no diagnosis is provided by the doctor, the insured (patient) is required to supplement the exact diagnosis (e.g. Hypertension) on the abovementioned documents and confirm with a signatory (only applicable to public charges)</li> <li>✓ Copy of claim settlement report issued by other insurance company (if applicable)</li> </ul> <p><b><u>Within 90 days upon discharge from the hospital,</u></b></p> <p><b>By eClaim:</b> input simple information and upload claim documents, after confirmation of inputting information, claims approval would be provided within 8 working days.</p> <p><b>By Mail:</b> complete and sign Part I of the “Hospitalisation &amp; Surgical Claim Form” by the Insured (Patient) and Part II of the “Hospitalisation &amp; Surgical Claim Form” by the attending Physician or Surgeon. <u>Please clearly state the Name of Policyholder/Employer, Policy Number, Name of Insured (Patient) and Patient’s Insured Number on the claim form and each form is for one Insured (Patient) only.</u> It usually takes 8 working days to process the claim upon receiving completed claim form and all required document.</p> <p>If email address is provided, The Company will notify you by email once the claim is completed.</p>

**Remarks:**

1. This material is for reference only. The Company may reasonably further request the insured to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the terms and conditions of the relevant insurance policy.
2. The claim form must be fully completed and signed by the insured (patient). The information provided on the receipts should be clearly stated, otherwise documents will be returned for verification.
3. Please print the claim form on A4 size paper. The Company’s Personal Information Collection Statement as accompanied with the claim form is for your reference and retention; please do not return it along with your claim application.
4. The Company is entitled to request for your provision of further information and documents or completion of other specific claim forms.
5. Original receipt will not be returned. Please tick the appropriate box in the claim form if certified true copy of receipt is required.
6. If you submit the claim by post, please make sure adequate postage based on the weight of the letter and the size of the envelope. Your claim documents may be lost in post due to inadequate postage and your claim will not be successful in the absence of the original receipt or certified true copy.

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