

Cashless Service - Pre-authorisation Form 免找數服務 - 預先批核申請表



Please complete and submit this form to Prudential Hong Kong Limited ("Prudential") by email or fax at least 3 working days prior to hospitalisation at private hospital. The prescribed procedure should be arranged within 30 days period after approval of pre-authorisation.

請在入住私家醫院前至少 3 個工作天填妥並電子郵寄或傳真此表格至保誠保險有限公司(「保誠」)。請於預先批核完成審批後 30 天內進行建議手術。

Cashless Service is only applicable to eligible medical insurance plans. Please refer to our website <https://www.prudential.com.hk/medical-network/> for details.

免找數服務只適用於合資格醫療保險計劃。詳情請參閱保誠網站：
<https://www.prudential.com.hk/medical-network/>。

PRUmyhealth prestige medical plan

「擊為您」優悅醫療保險計劃

24-hour Pre-authorisation Hotline

24 小時預先批核熱線: (852)2281 1180

Email 電郵: pre-auth.ppm.claims.hkg@prudential.com.hk

Fax 傳真: (852) 2977 4253

Other medical plans

其他醫療保險計劃

Pre-authorisation Hotline 預先批核熱線: (852) 2281 1345

Email 電郵: pre-auth_claims@prudential.com.hk

Fax 傳真: (852) 2977 1138

Part I – Personal Information (to be completed by Life Assured / Policyowner)

第一部份 - 個人資料 (由受保人 / 保單持有人填寫)

Policy Number 保單號碼		H2P reference no / Booking No 醫通保參考編號/預約號碼 (if applicable/ 如適用)	
Name of Life Assured /Patient 受保人姓名		Date of Birth of Life Assured (DD/MM/YYYY) 受保人之出生日期 (日/月/年)	
Life Assured / Policyowner's Mobile Phone No.* 受保人 / 保單持有人流動電話號碼*: _____			
* Life Assured / Policyowner will receive pre-authorisation result via SMS notification. The above mobile number provided will only be used for pre-authorisation application for Cashless Service. 受保人 / 保單持有人可透過手機短訊獲知預先批核結果。以上所提供的流動電話號碼只作免找數服務預先批核申請之用。			
<i>For PRUmyhealth prestige medical plan 適用於「擊為您」優悅醫療保險計劃</i>			
<i>For medical treatment / service in the USA only 在美國接受治療 / 醫療服務適用:</i>			
Has the Life Assured resided in the USA for 183 days or more in the 12 months preceding the time of medical treatment / service in the USA? 受保人於美國接受治療 / 醫療服務時之前的十二個月是否已居住於美國達一百八十三日或以上? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Do you have other reimbursement plan for medical expenses with Prudential 閣下是否同時擁有保誠其他醫療保險計劃?			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide the policy number 如有, 請提供保單號碼: _____			

Credit Card Authorisation 信用卡授權 (Not applicable to PRUmyhealth prestige medical plan 不適用於「摯為您」優悅醫療保險計劃)

Life Assured / Policyowner will receive the pre-authorisation result via a SMS notification, which will provide a link to login Prudential mobile application or Prudential designated webpage. To complete the pre-authorisation, the Life Assured / Policyowner is required to login to Prudential mobile application or Prudential designated webpage, read and confirm agreement to the Cashless Service terms and conditions and Personal Information Collection Statement ("PICS") and, and to authorise Prudential to automatically collect from Life Assured / Policyowner's registered credit card account for any medical expenses that Prudential have paid but are not covered by the eligible medical insurance plans ("Covered Plans") or exceed the eligible benefit limit ("Shortfall") of the Covered Plans. The approval of the pre-authorisation shall not be deemed as an agreement of Prudential to pay any benefit of the Covered Plans. The benefit entitlement shall be subject to the terms and conditions of the Covered Plans, exclusions set out in its policy contract, and the medical necessity of the prescribed procedures. In case of any Shortfall for the actual medical expenses upon claim assessment is completed, the registered credit card account will be automatically charged from the held credit limit with the Shortfall amount. If Prudential cannot successfully collect such Shortfall in full, Prudential will send a Shortfall notification to the Policyowner and the Policyowner shall pay the Shortfall within 14 days from the date of the notification. If the Shortfall is not settled on or before the payment deadline, Prudential shall have the right to offset the outstanding Shortfall amount against the amount due or payable under the Covered Plans and / or any policy issued by Prudential of which the Life Assured / Policyowner is the policyowner or trustee including but not limited to any death benefit, dividends or refund of premium. 受保人 / 保單持有人可透過手機短訊獲知預先批核結果。該短訊同時提供連結以登入保誠手機應用程式或保誠指定網頁。受保人 / 保單持有人須登入保誠手機應用程式或保誠指定網頁，閱讀及確認同意免找數服務條款及細則及收集個人資料聲明，同時須授權保誠可從其登記的信用卡賬戶中自動收取任何保誠已支付但不在合資格醫療保險計劃（「受保障計劃」）受保障範圍內的費用，或超出受保障計劃保障限額的費用（「差額」）以完成預先批核。預先批核並不代表保誠同意就受保障計劃支付任何保障。當理賠程序完成後，如有關醫療費用出現差額，保誠會直接從登記的信用卡賬戶已預留的信用額中扣除該差額。若保誠未能成功收取該全數的差額，保誠會向保單持有人發出差額付款通知書，保單持有人須於通知書發出的十四天內支付該差額。如未能於付款到期日或之前繳交該差額，保誠將有權把逾期未繳的差額款項從受保障計劃，及 / 或任何由保誠簽發並以受保人 / 保單持有人作為保單持有人或信托人的保單下到期支付或所應支付的金額中抵銷扣除，包括但不限於任何身故賠償、紅利或保費退還。

If Life Assured / Policyowner does not opt for online credit card authorisation, please fill in the below section:
如受保人 / 保單持有人不選擇於網上授權信用卡，請填寫以下部份：

I hereby authorise Prudential to hold HKD\$3,000 credit limit from my credit card account and collect the Shortfall from this credit card (if applicable).

本人授權保誠從本人之信用卡戶口預留港幣\$3,000 元信用額，及直接從已預留的信用額扣除差額 (如適用)。

Cardholder's Name 持卡人姓名 (must be Life Assured / Policyowner 必須為受保人 / 保單持有人)	
Credit Card Account No. (MasterCard / VISA) 信用卡號碼	Credit Card Expiry Date (MM 月 / YY 年) 信用卡到期日
Cardholder's Signature 持卡人簽署 X	Date 日期 (DD 日 / MM 月 / YY 年)

I do not have a credit card account. 我沒有信用卡戶口。

Note: If you are unable to provide credit card information for above credit limit authorisation, please contact your financial consultant or call our hotline to follow up the Cashless Service application.

注意: 如閣下未能提供信用卡資料作信用額授權，請聯絡閣下的理財顧問或致電我們的熱線跟進免找數服務申請。

Please tick "No" if you do not want us to inform your financial consultant about this application of Cashless Service No 否
如閣下不欲我們就是次免找數服務之申請通知閣下的理財顧問，請在「否」加上別號

Note for Life Assured / Policyowner:

Please note that the information submitted herein is only used for the pre-authorisation application for Cashless Service, so that Prudential will settle all eligible amount with the hospital. The benefit entitlement shall be subject to the terms and conditions of the Covered Plans, exclusions set out in its policy contract, and the medical necessity of the prescribed procedures. You may need to settle the consultation fee directly with the hospital subject to the benefit entitlement.

This pre-authorisation application shall not constitute a claim submission. The attending doctor should submit all relevant supporting documents to us via hospital after discharge for our claim assessment.

受保人 / 保單持有人須知:

請注意本表格內所提供的資料只作免找數服務預先批核申請之用，讓保誠向醫院安排直接支付手術及所有合資格的醫療費用。應支付保障須受受保障計劃的條款及細則、保單合約列明的不保事項及建議手術的醫療需要所限制。視乎應支付保障而定，閣下可能需自行向醫院或醫療中心繳交診症費用。

本預先批核申請並不同理賠申請。主診醫生須將一切有關證明文件於出院後透過醫院遞交給我們以進行理賠程序。

1. Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

保誠保險有限公司 (簡稱「本公司」或「我們」) 認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康 / 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料 (「個人資料」)。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守

任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第 2 部分所列的任何第三方實施）；(h) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）；(i) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析（包括使用新科技）；及 (n) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」），及我們的金融 / 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及 / 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷 / 已搬遷至歐洲聯盟（「歐盟」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 [<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>] 上查閱。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料（包括購買有關產品的銷售渠道）。

I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited.

本人 / 我們不希望收到保誠保險有限公司發出的任何促銷信息。

2. Cashless Service Terms and Conditions 免找數服務條款及細則

1. Life Assured / Policyowner is required to complete and submit the Cashless Service Pre-authorisation Form ("Form") to Prudential Hong Kong Limited ("Prudential") by email or fax at least 3 working days prior to hospitalisation at private hospital. The Form can be downloaded from our website <https://www.prudential.com.hk/medical-network/>.
 2. Life Assured / Policyowner will receive the pre-authorisation result via a SMS notification, which will provide a link to login Prudential mobile application or Prudential designated webpage. To complete the pre-authorisation, the Life Assured / Policyowner is required to login to Prudential mobile application or Prudential designated webpage, read and confirm agreement to the Cashless Service terms and conditions and Personal Information Collection Statement ("PICS") and, and to authorise Prudential to automatically collect from Life Assured / Policyowner's registered credit card account for any medical expenses that Prudential has paid but are not covered by the eligible medical insurance plans ("Covered Plans") or exceed the eligible benefit limit ("Shortfall") of the Covered Plans.
 3. The approval of the pre-authorisation shall not be deemed as an agreement of Prudential to pay any benefit of the Covered Plans. The benefit entitlement shall be subject to the terms and conditions of the Covered Plans, exclusions set out in its policy contract, and the medical necessity of the prescribed procedures. In case of any Shortfall for the actual medical expenses upon claim assessment is completed, the registered credit card account will be automatically charged from the held credit limit with the Shortfall amount.
 4. If Prudential cannot successfully collect such Shortfall in full, Prudential will send a Shortfall notification to the Policyowner and the Policyowner shall pay the Shortfall within 14 days from the date of the notification. If the Shortfall is not settled on or before the payment deadline, Prudential shall have the right to offset the outstanding Shortfall amount against the amount due or payable under the Covered Plans and / or any policy issued by Prudential of which the Life Assured / Policyowner is the policyowner or trustee including but not limited to any death benefit, dividends or refund of premium.
 5. Cashless Service is only applicable to Covered Plans which are in force at the time of Application and receiving medical services. Please refer to our website <https://www.prudential.com.hk/medical-network/> for details of Covered Plans.
 6. All the claims settlement will be subject to the final bill and relevant policy terms & conditions.
 7. Medical services under this Cashless Service are provided by third-party service providers. Prudential is not the service provider or the agent of the service providers. Prudential makes no representation, warranty or undertaking as to the quality and availability of the services and shall not accept any responsibility or liability for the services provided by the service providers.
 8. Prudential reserves the right to change any of these Cashless Service Terms and Conditions without further notice and has the sole and absolute discretion in relation to all matters arising from the Cashless Service. In the event of disputes, the decision of Prudential shall be final.
 9. The Cashless Service Terms and Conditions are governed by and construed in accordance with the laws of Hong Kong and the parties agree to submit to the exclusive jurisdiction of the Hong Kong courts. If there is any inconsistency or conflict between the English and the Chinese versions of these terms and conditions, the English version shall prevail.
1. 受保人 / 保單持有人須在入住私家醫院前至少三個工作天填妥並電子郵寄或傳真免找數服務預先批核申請表(「申請表」)至保誠保險有限公司(「保誠」)。申請表可於保誠網站：<https://www.prudential.com.hk/medical-network/>下載。
 2. 受保人 / 保單持有人可透過手機短訊獲知預先批核結果。該短訊同時提供連結以登入保誠手機應用程式或保誠指定網頁。受保人 / 保單持有人須登入保誠手機應用程式或保誠指定網頁，閱讀及確認同意免找數服務條款及細則及收集個人資料聲明，同時須授權保誠可從其登記的信用卡賬戶中自動收取任何保誠已支付但不在合資格醫療保險計劃(「受保障計劃」)受保障範圍內的費用，或超出受保障計劃保障限額的費用(「差額」)以完成預先批核*。
 3. 預先批核並不代表保誠同意就受保障計劃支付任何保障。應支付保障須受保障計劃的條款及細則、保單合約列明的不保事項及建議手術的醫療需要所限制。當理賠程序完成後，如有關醫療費用出現差額，保誠會直接從登記的信用卡賬戶已預留的信用額中扣除該差額*。
 4. 若保誠未能成功收取該全數的差額，保誠會向保單持有人發出差額付款通知書，保單持有人須於通知書發出的十四天內支付該差額。如未能於付款到期日或之前繳交該差額，保誠將有權把逾期未繳的差額款項從受保障計劃，及 / 或任何由保誠簽發並以受保人 / 保單持有人作為保單持有人或信托人的保單下到期支付或所應支付的金額中抵銷扣除，包括但不限於任何身故賠償、紅利或保費退還。
 5. 免找數服務只適用於受保障計劃，並且在申請時及使用醫療服務時仍然生效。有關受保障計劃詳情，請參閱保誠網站：<https://www.prudential.com.hk/medical-network/>。
 6. 所有賠償決定受最終帳單及相關保單條款及細則約束。
 7. 免找數服務中的醫療服務乃由第三方服務供應商提供。保誠並非服務供應商或其代理。保誠對於上述服務之質素及其供應並不作出任何的陳述、保證或承諾，亦不會承擔服務供應商所提供的服務所引致的責任及法律責任。
 8. 保誠有權隨時更改此免找數服務之條款及細則而毋須另行通知及對免找數服務引起的一切事項擁有唯一及絕對決定權。如有任何爭議，保誠保留最終決定權。
 9. 免找數服務之條款及細則受香港法律管轄並按香港法律解釋，而且各方同意服從香港法院的專屬管轄。此條款及細則之中、英文版如有任何歧義之處，概以英文版為準。

*Not applicable to **PRU**myhealth prestige medical plan

*不適用於「摯為您」優悅醫療保險計劃

3. Declaration & Authorisation 聲明及授權

I / We, the Life Assured/ Policyowner, declare that the above information is true and complete to the best of my / our knowledge and belief.

I/ We, the Life Assured / Policyowner, hereby confirm my / our understanding of and agreement to the above Personal Information Collection Statement and Cashless Service Terms and Conditions.

I/We, the Life Assured / Policyowner, authorize on behalf of myself / ourselves and the minor Life Assured (if any) that (1) any doctors, hospitals, clinics, insurance companies, employers, organizations and persons that have any medical history or records or knowledge of me / us / the minor Life Assured, whom I / we / the minor Life Assured have attended or may hereafter attend may disclose such information to Prudential Hong Kong Limited ("the Company") for the purpose of assessing and processing the pre-authorisation application for Cashless Service and claims and providing subsequent services. To avoid any uncertainty, this authorisation shall be binding on my / our successors, assignees, executors and administrators and shall remain valid notwithstanding my / our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorisation shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself / ourselves / the minor Life Assured in relation to the pre-authorisation application for Cashless Service and any claims arising therefrom.

本人/吾等·受保人/保單持有人/索償人·特此聲明就本人/吾等所知所信·以上資料均為正確無訛及完整。

本人/吾等·受保人/保單持有人/索償人·在此確認本人/吾等明白並同意上述之收集個人資料聲明及免找數服務條款及細則。

本人/吾等·受保人/保單持有人/索償人·代表本人/吾等及尚未成年之受保人(如有)茲授權(1) 任何醫生、醫院、診所、保險公司、僱主、機構或人士·將已經或其後存錄的有關本人/吾等/尚未成年之受保人之醫療病歷、紀錄或其他資料披露予保誠保險有限公司(“貴公司”)·作為評估及處理此免找數服務預先批核申請及索償及提供其後服務之用。為免任何疑問·本授權書對本人/吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人/吾等死亡或無行為能力(包括但不限於精神上無行為能力)·本授權書仍具有效力。本授權書之副本將被視為與正本具同樣效力;(2) 貴公司或任何由貴公司指定之醫生、醫務人員或化驗所·可就此免找數服務預先批核申請或任何有關索償申請替本人/吾等進行所需之醫療評估及測試·以審核本人/吾等之健康情況。

X _____
Signature of Life Assured 受保人簽署
(Signature of Parent / Guardian if the Life Assured is below 18 years old)
(如受保人未滿十八歲·本申請表必須由家長 / 監護人簽名)

Name of Life Assured 受保人姓名
(Name of Parent / Guardian if the Life Assured is below 18 years old)
(如受保人未滿十八歲·請填寫家長 / 監護人姓名)

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

X _____
Signature of Policyowner
保單持有人簽名

Name of Policyowner
保單持有人姓名

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Part II - to be completed by the doctor

第二部份 - 由醫生填寫

A: Pre-surgery Information 手術前資料 (Please fill in on the date of consultation 請於求診當日填寫)

Name of Patient 病人姓名		Date of onset of first symptoms (DD/MM/YYYY) 病發或首次出現病徵日期 (日 / 月 / 年)	
Chief Complaint of the Current Consultation / Findings of the Physical Examination 是次就診之主訴/醫生檢查之結果			
Diagnosis 診斷			
<input type="checkbox"/> Recurrent / Chronic, First onset date: (DD/MM/YYYY) 復發性 / 慢性 · 首次發病日期 (日 / 月 / 年)			
Information of the Physician who referred to hospital 轉介醫生之資料:			
Date of Consultation (DD/MM/YYYY) 就診日期 (日/月/年)	Name of the physician / hospital 醫生/醫院名稱	Contact Phone No. 聯絡電話	Address of the physician / hospital 醫生/醫院地址
Details for the referral reason 詳述轉介原因			
Was the medical condition caused by or related to the following 此病是否與下列情況有關或引致？			
<input type="checkbox"/> self-inflicted injury <input type="checkbox"/> Pregnancy, infertility or sterilisation <input type="checkbox"/> AIDS, HIV, sexually transmitted disease 自我傷害 懷孕 · 不育或絕育 愛滋病 · 人類免疫力缺損 · 性病			
<input type="checkbox"/> Abuse of drugs or alcohol <input type="checkbox"/> Mental or nervous disorder <input type="checkbox"/> Congenital / Hereditary / Developmental condition 濫用藥物或酒精 精神或神經疾病 先天性 · 遺傳性或發育異常			
<input type="checkbox"/> Others, please specify details: 如有其他 · 請說明詳情：			
<input type="checkbox"/> Day Case 日症 <input type="checkbox"/> In-patient 住院 Hospital/ Clinic Name 醫院 / 診所名稱		Planned Date of Procedure: (DD/MM/YYYY) 計劃進行手術日期 (日 / 月 / 年)	
Surgical Procedures Required / Procedure Name (Please provide details for any special reasons) 所需之外科手術 / 手術名稱 (如有特殊原因 · 請提供詳細資料)		Anaesthesia 麻醉 <input type="checkbox"/> G.A. 全身麻醉 <input type="checkbox"/> L.A. 局部麻醉	

B: Surgical Details (if applicable) 手術詳情 (如適用)

Surgical Procedures Required / Procedure Name (Please provide the medical reasons if the surgery could not arrange in day case) 外科手術 / 手術名稱 (如有特殊醫學原因無法安排日間手術, 請提供詳細資料)		Date of Admission (DD/MM/YYYY) 入院日期 (日 / 月 / 年)	
		Hospital/ Clinic Name 醫院/診所名稱	
Estimated Length of stay 預計住院時間	Day(s) 日	Bed Class 住院級別	<input type="checkbox"/> Day surgery 日間手術 <input type="checkbox"/> Ward 大房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Private 私家房
Room Charge 病房費用		Day(s) 日	\$
Attending doctor's visit fee 主治醫生的巡房費		Day(s) 日	\$
Surgeon's fee 外科醫生費用	\$	Anaesthetist's fee 麻醉師費用	\$
Operating theatre charges 手術室費用	\$	Miscellaneous charges 雜項費用	\$
Diagnostic Imaging test details (MRI/CT scan/PET scan, etc) 診斷成像檢測詳情 (電腦斷層掃描/磁力共振掃描/電子放射斷層掃描等等)			\$
Total Estimated Cost (HKD) 總估計費用 (港幣) \$			
Doctor's Signature and Hospital / Clinic Chop 醫生簽署及醫院 / 診所蓋印		Date (DD/MM/YYYY) 日期 (日 / 月 / 年)	Contact Phone No. 聯絡電話 Fax No. 傳真號碼 / Email 電郵
X			

Pre-authorisation Result 預先批核結果 (Internal Use Only 內部填寫)

Approved Declined. Reason: _____

Surgery should be arranged on or before _____ (Date)

C: Post Surgery Information 手術後資料 (Please fill in on the date of surgery 請於手術當日填寫)

Final Surgical Procedures Required / Procedure Name 最終外科手術 / 手術名稱 <input type="checkbox"/> Same as Pre-surgery diagnosis 與手術前診斷一致	Final Diagnosis after Surgery, underlying cause (if any) 手術後最終診斷 <input type="checkbox"/> Same as Pre-surgery diagnosis 與手術前診斷一致
Summary of tests performed with results 請總結檢驗結果	The prognosis of the condition: Good / Fair / Poor 預後的情況：良好/一般/甚差
Doctor's Signature and Hospital / Clinic Chop 醫生簽署及醫院 / 診所蓋印 X	Date (DD/MM/YYYY) 日期 (日 / 月 / 年) Contact Phone No. 聯絡電話 Fax No. 傳真號碼 / Email 電郵

D: Follow-Up Consultation Information 覆診資料 (Please fill in on the date of follow-up consultation 請於覆診當日填寫)

Doctor's Signature and Hospital / Clinic Chop 醫生簽署及醫院 / 診所蓋印 X	Follow-Up Consultation Date (DD/MM/YYYY) 覆診日期 (日 / 月 / 年)
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