

**Non-network Medical Expenses Direct Billing Service**  
(Previously known as "Cashless Service") - Pre-authorisation Form



**非網絡醫療費用直付服務 (前稱「免找數服務」) - 預先批核申請表**

Only applicable to PRUmyhealth prestige medical plan, PRUhealth medical plus and PRUHealth VHIS VIP plan

只適用於「摯為您」優悅醫療保險計劃、醫療加倍保及保誠自願醫保尚賓計劃

Please complete and submit this form to Prudential Hong Kong Limited ("Prudential") by email or fax at least 3 working days prior to day surgery / hospitalisation / prescribed diagnostic imaging service. The treatment relevant to the approval should be conducted within 30 days period after approval of pre-authorisation.

請在醫院或醫療中心進行日間手術 / 住院 / 訂明診斷成像檢測服務前至少 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 天內進行批核相關的治療。

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

醫療費用直付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**

「摯為您」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\*

Mainland China hotline 中國內地熱線: 400 820 0192

Macau hotline 澳門熱線: 080 0292

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\*

Mainland China hotline 中國內地熱線: 400 820 0125

Macau hotline 澳門熱線: 080 0406

Email 電郵: pre-auth\_claims@prudential.com.hk

Fax 傳真: (852) 2977 1138

\*You will be required to pay the IDD/international roaming service fee to the telecommunications service provider if you call from outside Hong Kong.

\*如您於香港以外致電，須向電訊服務供應商繳付長途 / 漫遊電話費。

**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 (if applicable) 醫通保參考編號/預約號碼 (如適用)	
Name of Life Assured 受保人姓名	
Identity Document Number of Life Assured 受保人身份證明文件號碼	
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 Medical Expenses Direct Billing 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醫療費用直付服務預先批核申請之用。	
<u>For PRUmyhealth prestige medical plan 適用於「摯為您」優悅醫療保險計劃</u> <u>For medical treatment / service in the USA only 在美國接受治療 / 醫療服務適用:</u> 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: _____	

**Note for Life Assured / Policyowner:**

Please note that the information submitted herein is only used for the pre-authorisation application for Medical Expenses Direct Billing Service, so that Prudential will settle all eligible amount with the hospital or medical centre. The benefit entitlement shall be subject to the relevant terms and conditions of the Covered Plans, exclusions set out in its policy contract, and the medical necessity of the treatment. You may need to settle the medical expense directly with the hospital or medical centre subject to the benefit entitlement.

This pre-authorisation application shall not constitute a claim submission. The attending doctor should submit the final bill and all relevant supporting documents to us via network hospital or medical centre after discharge for our claim assessment. All claims settlement will be assessed according to the actual treatment received and medical expenses on the final bill and subject to relevant terms & conditions of the Covered Plans. If Prudential has settled any medical expenses / charges which are not covered by the Covered Plans or exceed the eligible benefit limit ("Shortfall"), you will need to reimburse Prudential of the Shortfall in full.

**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醫療費用直付服務預先批核申請之用，讓保誠向醫院或醫療中心安排直接支付手術及所有合資格的醫療費用。應支付保障須受相關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醫療費用。

本預先批核申請並不同理賠申請。主診醫生須將最終帳單及一切有關證明文件於出院後透過醫院或醫療中心遞交給我們以進行理賠程序。所有理賠決定將會根據最終帳單上實際接受的醫療服務及醫療費用計算，並受相關保單的條款及細則約束。若保誠有為閣下支付任何不在受保障計劃範圍內的醫療費用 / 收費，或超出合資格保障限額的醫療費用 / 收費（「差額」）時，閣下將需全額償還保誠該差額。

## 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](mailto: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](mailto: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。

Are you currently a customer in mainland China? 您現在是否是個中國內地客戶？

☐ Yes 是

(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application. 如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示／申請。)

☐ By ticking this box, you agree as that an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (<https://www.prudential.com.hk/en/china-personal-information-protection-law/>) for more information. 勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明 (<https://www.prudential.com.hk/tc/china-personal-information-protection-law/>)。

☐ No 否

## 2. Medical Expenses Direct Billing Service Terms and Conditions 醫療費用直付服務條款及細則

**YOU MUST READ THESE MEDICAL EXPENSES DIRECT BILLING SERVICE TERMS AND CONDITIONS ("MEDICAL EXPENSES DIRECT BILLING SERVICE TERMS AND CONDITIONS") CAREFULLY BEFORE USING THE MEDICAL EXPENSES DIRECT BILLING SERVICE ("MEDICAL EXPENSES DIRECT BILLING SERVICE"). BY REGISTERING FOR OR USING THE MEDICAL EXPENSES DIRECT BILLING SERVICE, YOU SHALL BE DEEMED TO HAVE ACCEPTED AND BE BOUND BY ALL THESE MEDICAL EXPENSES DIRECT BILLING SERVICE TERMS AND CONDITIONS.**

**重要提示！閣下在使用醫療費用直付服務（「醫療費用直付服務」）前，請細閱本醫療費用直付服務條款及細則（「醫療費用直付服務條款及細則」）。閣下登記或使用醫療費用直付服務，即被視為已接受本醫療費用直付服務條款及細則並受其約束。**

<p>1. Non-network "Medical Expenses Direct Billing Service" is only applicable to PRUmyhealth prestige medical plan, PRUhealth medical plus and PRUHealth VHIS VIP plan.</p> <p>2. You are required to submit a Medical Expenses Direct Billing Service Pre-authorisation Form ("Application") to Prudential Hong Kong Limited ("Prudential" / "we") by email or fax at least 3 working days prior to receiving the recommended medical service. The Form can be downloaded from our website <a href="https://www.prudential.com.hk/medical-network/">https://www.prudential.com.hk/medical-network/</a>. You will receive the pre-authorisation result via a SMS notification.</p> <p>3. Neither submission of an Application nor the approval of an Application shall be construed as admission of liability on the part of Prudential. Any benefit entitlement shall be subject to the terms and conditions and exclusions of the eligible medical insurance plan ("Covered Plans") and the medical necessity of the prescribed procedures. The actual eligible claim amount will be subject to Prudential's final claim decision.</p> <p>4. You agree in the event that Prudential has settled any medical expenses / charges which are not covered by the Covered Plans or exceed the eligible benefit limit ("Shortfall"), you will reimburse Prudential of the Shortfall in full within fourteen (14) days upon receipt of relevant shortfall notice.</p> <p>5. If you do not fully settle such Shortfall within the prescribed time limit as stipulated above, Prudential shall have the right to offset the outstanding Shortfall amount against the amount payable by Prudential under the Covered Plans and / or any policy issued by Prudential of which you are the policyowner or trustee including but not limited to any future claims, death benefit, dividends or refund of premium (for whatever reason) and take any further action as Prudential deemed appropriate and necessary against any outstanding Shortfall arising from you. Prudential also has the right to suspend your usage of Medical Expenses Direct Billing Service in case of any outstanding Shortfall.</p> <p>6. Medical Expenses Direct Billing Service is not a contractual service but an administrative arrangement offered by Prudential in its absolute discretion in respect of covered medical expenses incurred. It is subject to termination at any time without prior notice.</p> <p>7. Medical Expenses Direct Billing Service is only applicable to Covered Plans which are in force at the time of Application and receiving the recommended medical services. Please refer to <a href="https://www.prudential.com.hk/medical-network/">https://www.prudential.com.hk/medical-network/</a> for more details of Covered Plans.</p> <p>8. All claims settlement will be assessed according to the actual treatment received and medical expenses on the final bill submitted by network doctors and subject to relevant terms &amp; conditions of the Covered Plans.</p> <p>9. Medical services under this Medical Expenses Direct Billing 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.</p> <p>10. Prudential reserves the right to change any of these Medical Expenses Direct Billing Service Terms and Conditions without further notice and has the sole and absolute discretion in relation to all matters arising from the Medical Expenses Direct Billing Service. In the event of disputes, the decision of Prudential shall be final.</p> <p>11. The Medical Expenses Direct Billing 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.</p>	<p>1. 非網絡「醫療費用直付服務」只適用於「摯為您」優悅醫療保險計劃、醫療加倍保及保誠自願醫保尚賓計劃。</p> <p>2. 閣下需要在接受建議的醫療服務前至少三個工作天填妥並電子郵寄或傳真醫療費用直付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：<a href="https://www.prudential.com.hk/medical-network/">https://www.prudential.com.hk/medical-network/</a>下載。閣下可透過手機短訊獲知預先批核結果。</p> <p>3. 遞交此申請或批准此申請均不能理解為保誠保險有限公司（「保誠」／「我們」）承擔有關賠償責任。任何應支付保障須受合資格醫療保險計劃（「受保障計劃」）的條款及細則及不保事項及建議手術的醫療需要所限制。實際賠償金額以保誠最終理賠決定為準。</p> <p>4. 閣下同意若保誠有為閣下支付任何不在受保障計劃範圍內的醫療費用／收費，或超出合資格保障限額的醫療費用／收費（「差額」）時，閣下將在收到相關通知後的十四(14)天內全額償還保誠該差額。</p> <p>5. 如閣下沒有在上述的規定的時間內全額償還有關差額，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閣下作為保單持有人或信托人的保單下保誠所應支付的金額中抵銷扣除，包括但不限於任何將來獲得之理賠、身故賠償、紅利或保費退還（不論何種原因），及就閣下所引起的逾期未繳的差額採取任何保誠認為合適及必須的進一步行動。如有任何逾期未繳的差額，保誠同時保留暫停閣下使用醫療費用直付服務的權利。</p> <p>6. 醫療費用直付服務為一項就受保醫療開支而設的行政安排，而並非合約服務，保誠有權隨時中止此項服務而毋須另行通知，並保留絕對決定權。</p> <p>7. 醫療費用直付服務只適用於在申請時及使用建議的醫療服務時仍然生效的受保障計劃。有關更多受保障計劃詳情，請參閱<a href="https://www.prudential.com.hk/medical-network/">https://www.prudential.com.hk/medical-network/</a>。</p> <p>8. 所有理賠決定將會根據由網絡醫生提交的最終帳單上實際接受的醫療服務及醫療費用計算，並受相關保單的條款及細則約束。</p> <p>9. 醫療費用直付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。</p> <p>10. 保誠有權隨時更改此醫療費用直付服務之條款及細則而毋須另行通知及對醫療費用直付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。</p> <p>11. 醫療費用直付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，概以英文版本為準。</p>
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### 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 Medical Expenses Direct Billing Service Terms and Conditions.

I/ We, the Life Assured / Policyowner, request Prudential to notify me by SMS with an URL related to this pre-authorisation application, including but not limited to Personal Information Collection request.

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 Medical Expenses Direct Billing 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 Medical Expenses Direct Billing 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醫療費用直付服務條款及細則。

本人/吾等，受保人/保單持有人/索償人，在此要求保誠通過短信向我發送與此預先批核申請相關的超連結，包括但不限於個人資料收集要求。

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”)，作為評估及處理此醫療費用直付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，可就此醫療費用直付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 attending doctor**

第二部份 - 由主診醫生填寫

**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		
X				Fax No. 傳真號碼 / Email 電郵		

**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)**

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

**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)**

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