



Voluntary Health Insurance Scheme - Pre-authorisation Form (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan) 自願醫保計劃 - 預先批核申請表 (適用於「愛•護航」自願醫保靈活計劃及滙豐自願醫保標準計劃)

HSBC Life (International) Limited, incorporated in Bermuda with limited liability (the "Company" or "HSBC Life")
滙豐人壽保險(國際)有限公司(註冊成立於百慕達之有限公司)(「本公司」或「滙豐保險」)

4 SIMPLE STEPS

簡易4步驟

1. Check Your Coverage 查詢保障

Contact HSBC Life VHIS Medical Concierge Service Hotline (852) 3128 0122 to enquire about your benefit eligibility and coverage.

致電滙豐保險自願醫保醫療禮賓服務熱線(852) 3128 0122，查詢您可享有的醫療保障資格及保障範圍。

2. Submit Your Application 遞交申請

Network doctor 網絡醫生 (Care+ Medical Network by HSBC Life 滙豐保險的全方位醫療網絡)

Once the network doctor has confirmed that either a confinement or day case procedure is medically necessary, you need to complete the Pre-authorisation Form Part I, and the network doctor will handle the submission for you.

當網絡醫生確認住院或日間手術中心的治療是醫療所需，您只需簽署預先批核申請表，醫療網絡醫生將為您遞交申請。

Non-network doctor 非網絡醫生

Complete the Pre-authorisation Form Part I (Part II of the form to be completed by your attending physician/surgeon). Then, please submit the form to us.

您只需填妥預先批核申請表甲部(該申請表乙部則交由您的主診醫生/外科醫生填寫)，並請您向我們遞交申請表。

4. Your Bill Settlement 賬單結算

- Upon discharge/after the treatment, HSBC Life will settle the bill directly with the hospital/healthcare facility for eligible medical expenses within your pre-authorised limit.

出院/完成治療後，滙豐保險將直接向醫院/醫療機構支付預先批核保證額內的合資格醫療費用。

- Once HSBC Life has completed the claims assessment, if there is any shortfall, a Voluntary Health Insurance Scheme Claim Settlement Notice will be sent to you for shortfall payment.

滙豐保險完成賠償評估後，如有任何賠償差額欠款，我們將會向您發出自願醫保賠償通知書，及收取相關差價。

3. Processing Your Application 處理申請

- Upon the approval of pre-authorisation, we will issue a Pre-authorisation Confirmation Letter stating the approved details including pre-authorised limit to you.

一經成功獲准預先批核，我們將會向您發出預先批核確認信通知您預先批核保證額及其他相關安排。

- We will also notify the doctor and hospital/medical facility of the pre-authorisation result and the pre-authorised limit.

我們亦會通知醫生及醫院/醫療機構有關預先批核結果及其預先批核保證額。

Please Note 請注意：

- Submit the completed Pre-authorisation Form to HSBC Life at least **3 working days** prior to admission/treatment by email or fax.
於入院/治療前至少三個工作天將已填妥的預先批核申請表電郵或傳真給滙豐保險。
Email 電郵地址：vhispa@hsbc.com.hk / Fax No. 傳真號碼：(852) 3409 1070
- Upon our receipt of all required documents, we will notify you the result within **2-5 working days**.
當收妥所需文件後，我們會在二至五個工作天內通知您有關結果。
- If you submit the application outside our office hour (office hour: 9am to 6pm, Monday to Friday), we will proceed the application on the next working day.
如您於非辦公時間(辦公時間：星期一至星期五上午九時正至下午六時正)遞交申請，我們將於下一個工作天處理有關申請。

PART I – TO BE COMPLETED BY THE INSURED OR CLAIMANT IN ENGLISH OR CHINESE
甲部 – 由受保人或索償人以英文或中文填寫

POLICY DETAILS 保單資料

1. Policy No. 保單號碼	2. Name of Insured Person 受保人姓名
3. I.D. Card/Passport No. 身份證/護照號碼	4. Contact Number 聯絡電話

BANK ACCOUNT AUTHORISATION AND DECLARATION FOR SHORTFALL COLLECTION 收取差額費用之銀行戶口授權及聲明

5. Payment Method 繳費方式
- Please debit from Policyholder's designated bank account according to the Policyholder's authorisation in the policy application form. (If select this payment method, Policyholder needs to provide signature in the box of "signature of account holder" for authorisation and declaration. 請根據保單持有人在保單申請表中授權的指定銀行戶口中扣款。(如選此繳費方式, 保單持有人需要在「戶口持有人簽署」框內簽署以進行授權及聲明。)
- Debit from below HKD account 由下列港幣戶口扣除

Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼

Please Note 請注意:

If the receiving bank is a non-HSBC or different currency bank account, bank charges or exchange rate difference may incur which will be deducted from the amount payable by the said receiving bank, if applicable. The Company will not be liable for any charges due to different bank or currency or rejection of transaction by the receiving bank as a result of inconsistent bank account details.
如收款戶口非滙豐銀行或不同貨幣戶口, 該銀行可於款項中收取服務費用或兌換差價, 如適用。本公司將不會承擔任何因不同銀行或貨幣而導致被收取之費用或因銀行戶口資料不乎而被拒絕轉賬之責任。

Notes 註:

Please also submit adequate proof showing the full name and the bank account number of Account Holder's sole or joint name bank account (such as copy of bank book, ATM card, bank statement, etc.) to the company.
請同時提交戶口持有人之個人或聯名戶口全名及銀行戶口號碼之充足證明(如銀行存摺或自動櫃員機卡或月結單副本等)。

I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited to debit my bank account (as specified on this Voluntary Health Insurance Scheme Pre-authorisation Form) to repay any medical expenses not covered by the policy and/or shortfall incurred (collectively "Outstanding Amount") and transfer the Outstanding Amount to HSBC Life (International) Limited.
本人(等)謹此授權香港上海滙豐銀行有限公司從本人之銀行戶口(列明在)自願醫保計劃預先批核申請表中扣除任何應償還之不受保治療費用及/或賠償差額欠款(之賠償差額欠款金額)轉賬至滙豐人壽保險(國際)有限公司之戶口。

I/We hereby declare that the above information is true, accurate and complete; agree to fully indemnify and hold HSBC Life harmless from any loss, claim, damage, proceeding, cost, expense and liability directly or indirectly suffered or incurred by HSBC Life in connection with the disclosure of any of the information contained herein or processing any such transfer(s) or payment(s).
本人(等)謹此聲明上述之資料乃屬真實、準確及完整, 並同意對滙豐保險作全面賠償擔保, 不使滙豐保險因披露本授權書中之任何資料或處理任何該等轉賬或付款而直接或間接遭受或招致任何損失、申索、損害、訴訟、費用、支出及責任。

Signature of Account Holder 戶口持有人簽署
(Must match with bank's record 必須與所屬銀行記錄相同)

Signature of Joint Account Holder 聯名戶口持有人簽署
(Must match with bank's record 必須與所屬銀行記錄相同)

Name 姓名

Name 姓名

I.D. Card/Passport No. 身份證/護照號碼

I.D. Card/Passport No. 身份證/護照號碼

Relationship with Insured Person 與受保人的關係

Relationship with Insured Person 與受保人的關係

Note: Please provide copy of ID Card/Passport/Birth Certificate of Account Holder if he/she is not Policy Holder/Insured Person

註: 若戶口持有人不是保單持有人/受保人, 請提供戶口持有人的身份證/護照/出生證明副本

DECLARATION AND AUTHORISATION 聲明及授權

I/we hereby certify that all the answers and statements given above are true and complete and that I/we have not withheld any information. 本人(等)在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I/we authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of me/us or my/our health, to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim. This authority shall remain valid notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人(等)授權任何知道本人(等)健康情況及紀錄之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人(等)之有關資料。此授權書於本人(等)死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement'). I understand I can view such notice by scanning the QR code on the right hand side or I can request a copy by calling the Life Insurance Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請, 並同意貴公司可根據本表格內有關個人資料(私隱)條例的告知書(也可稱為「個人資料收集聲明」)內列出的用途, 使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描右方的二維碼瀏覽該通知書或致電滙豐人壽保險服務熱線: (852) 2583 8000索取該通知書的副本。



SIGNATURE 簽署

Signature of Insured Person 受保人簽署

Signature of Policyholder 保單持有人簽署

Name 姓名

Name 姓名

I.D. Card/Passport No. 身份證/護照號碼

I.D. Card/Passport No. 身份證/護照號碼

Date 日期(DD日/MM月/YYYY年)

Date 日期(DD日/MM月/YYYY年)

Part II – TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES IN ENGLISH OR CHINESE
 乙部 – 由主診醫生／外科醫生以英文或中文填寫，所需費用由索償人自行承擔

A. Details of Insured Person (Patient) 受保人(病人) 資料

1. Name of Insured Person (Patient) 受保人(病人) 姓名	2. Policy Number 保單號碼
3. I.D. Card/Passport No. 身份證／護照號碼	4. Contact Number 聯絡電話

B. Particulars of Medical Information 臨床及入院資料

1. Symptom(s) 病徵	2. Onset Date 病徵出現日期
3. Diagnosis 診斷	4. Date of First Consultation 首次看診日期
5. Is it a chronic/recurrent illness 是否慢性／復發疾病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
6. Name of Hospital/Day Centre 醫院／日間中心名稱 <input type="checkbox"/> Inpatient 住院 <input type="checkbox"/> Hospital OPD 醫院門診 <input type="checkbox"/> Day Centre 日間中心	7. Date of Admission/Treatment 入院／治療日期
8. Bed Class 住院級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 普通房 <input type="checkbox"/> Hospital Day Ward 醫院日間病房 <input type="checkbox"/> Hospital OPD 醫院門診	9. Estimated Length of Stay 預計留院日數

Daily Doctor's Round Fee 每日醫生巡房費	HK\$ _____ X _____ Days 日
Daily Room Charges 每日住宿費用	HK\$ _____ X _____ Days 日
Surgery/Treatment Fee 手術／治療費用	HK\$ _____
Operating Theatre and Materials Charges 手術室及物料費用	HK\$ _____
Anaesthesiologist's Fee 麻醉科醫生費	HK\$ _____
Specialist's Consultation Fee 專科醫生診療費用	HK\$ _____
Diagnostic Test Charges 診斷測試費用	HK\$ _____
Medication Charges 藥物費用 _____	HK\$ _____
Medical Implant 醫療植入裝置 _____	HK\$ _____
Other 其它 _____	HK\$ _____
Total Estimated 預計總費用	HK\$ _____

10. Name of Surgery/Treatment 手術名稱／治療	11. Anaesthesia 麻醉 <input type="checkbox"/> G.A. 全身麻醉 <input type="checkbox"/> M.A.C 監察麻醉 <input type="checkbox"/> L.A. 局部麻醉
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12. Can such diagnostic test(s)/therapeutic medication required only be available in hospital and cannot be done on an outpatient basis/ at day surgery centre? If yes, please provide reason(s)
 該診斷測試／藥物治療是否僅可在醫院進行而不能在門診／日間手術中心進行？如是，請提供原因

13. If hospitalisation is arranged for physiotherapy or a surgical procedure that is normally carried out in day centre or hospital daycase/ OPD, please explain why hospital stay is necessary.
 如是次住院之目的為物理治療或一般日間手術或一般醫院日症／門診手術，請說明留院之原因。

I hereby declare and agree that all statements and answers to all questions are complete and true to the best of my knowledge and belief.
 本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

Name of attending physician/surgeon (with qualifications) 主診／外科醫生姓名(資歷)	Signature and Chop of Attending Physician/Surgeon 主診／外科醫生簽名及蓋章
Address 地址	Date 日期(DD日／MM月／YYYY年)
Contact Number 聯絡電話	Fax Number 傳真號碼