

FirstCare / FirstCare Plus Medical Insurance Pre-authorisation Form

摯關懷 / 摯關懷超卓醫療計劃預先批核申請表

Five Simple Steps 簡易五步驟

1	Call the AXA Customer Care Hotline at (852) 2867 8678 to enquire your benefit eligibility and coverage. 請致電 AXA 安盛客戶服務熱線 (852) 2867 8678 查詢您可享有的醫療保障資格及保障範圍。
2	<p>FirstCare Medical Insurance: Please complete and send Pre-authorisation Form to AXA at least 2 working days prior to admission/treatment by email or fax. Upon our receipt of all required documents, AXA will notify you the result within 2 working days or prior to the admission/treatment (whichever is earlier).</p> <p>摯關懷醫療計劃: 請填妥預先批核申請表, 並於入院/治療前至少兩個工作天電郵或傳真給 AXA 安盛。當收妥所需文件後, AXA 安盛會在兩個工作天內或在入院/治療前(以較先者為準)通知您有關結果。</p> <p>FirstCare Plus Medical Insurance: Please complete and send Pre-authorisation Form to AXA at least 5 working days prior to admission/treatment by email or fax. Upon our receipt of all required documents, AXA will notify you the result within 5 working days or prior to the admission/treatment (whichever is earlier).</p> <p>摯關懷超卓醫療計劃: 請填妥預先批核申請表, 並於入院/治療前至少五個工作天電郵或傳真給 AXA 安盛。當收妥所需文件後, AXA 安盛會在五個工作天內或在入院/治療前(以較先者為準)通知您有關結果。</p> <p>Email 電郵地址: Firstcare.preauth@axa.com.hk Fax no. 傳真號碼: (852) 3009 4518</p>
3	Upon the approval of pre-authorisation, we will inform you the pre-authorisation details and will issue a "Pre-authorisation Confirmation Letter" stating the status of arrangement including the pre-authorised limit to you. 預先批核一經成功核准, 我們會通知您有關預先批核詳情, 並發出「預先批核確認信」給您列明有關安排, 包括預先批核保證額。
4	<p>Direct Billing Service 直接結算服務</p> <p>Upon admission/treatment, please present your Medical Card to the designated network hospital/healthcare facility for registration. 入院/治療時, 請於指定網絡醫院/醫療機構登記時, 出示您的醫療卡。</p> <p>If you will be confined in the designated network hospital, we will issue a "Letter of Guarantee" stating your pre-authorised limit to the designated network hospital prior to your admission. 如果您於指定網絡醫院接受住院治療, 我們會於您入院前發出「付款保證書」包括預先批核保證額給指定網絡醫院。</p>
5	Upon discharge/after treatment, AXA will settle the bill directly with the designated network hospital/healthcare facility for eligible medical expenses within your pre-authorised limit. Once AXA completed the claims assessment, if there is any shortfall, a "Shortfall Advice" with details will be sent to you prior to the shortfall collection. 出院/治療後, AXA 安盛將直接向指定網絡醫院/醫療機構支付預先批核保證額內的合資格醫療費用。AXA 安盛完成賠償評估後, 如有任何賠償差額欠款, 將於收取款項前向您發出「賠償差額欠款付款通知書」, 列明有關細節。

Please Note 請注意:

- Please take note that non-network doctor may charge to fill out this Pre-authorisation Form and AXA is not responsible for such charge being incurred.
 請注意非網絡醫生或要求收取填寫預先批核申請表之費用, AXA 安盛將不會承擔此費用。
- Final decision of pre-authorisation application or direct billing approval is subject to the discretion of AXA.
 AXA 安盛保留預先批核申請或直接結算批核之最終決定權。
- If admission/treatment is due to illness/disability which is considered under exclusions of the policy, the pre-authorisation application and/or direct billing application will be rejected.
 如入院/治療被考慮為保單不受保項目之疾病/病症, 預先批核申請及/或直接結算申請將會被拒。
- You will be required to provide treatment information and authorise AXA to collect any shortfall (i.e. the amount we paid to the designated network hospital/healthcare facility for items which are not covered under the plan or exceeds the benefit limit), if any, from your designated credit card account or bank account. For more details, please refer to Pre-authorisation Form Part I or Medical Insurance Application Form (if applicable).
 您將須提供治療資料及授權 AXA 安盛從您指定的信用卡戶口或銀行戶口中收取賠償差額欠款 (即我們向指定網絡醫院/醫療機構支付了不受醫療計劃保障或超出保障限額之項目的有關費用) (如有), 詳情請參閱預先批核申請表第一部分或醫療計劃申請表 (如適用)。
- The actual date of claims notification of direct billing depends on the submission of required documents by the designated network hospital/healthcare facility.
 直接結算賠償通知的實際日期需視乎指定網絡醫院/醫療機構遞交文件所需時間而有所不同。
- In case the actual medical expense exceeds the pre-authorised limit stated in the "Letter of Guarantee", you will need to settle the balance directly with designated network hospital/healthcare facility and submit a claim with Claim Form and original receipt(s) for assessment to AXA afterwards. (Payment of charges for any items not listed in the policy schedule or not covered under the plan will have to be borne by you).
 如實際醫療費用超出「付款保證書」列明之預先批核保證額, 您須直接向指定網絡醫院/醫療機構支付餘款, 並向 AXA 安盛提交索償表及正本收據申請賠償 (不列於保障項目表或不受醫療計劃保障的項目之有關費用須由您自行承擔)。

Shortfall Collection Arrangement 收取賠償差額欠款安排

14 days after issuance of the Shortfall Advice, AXA will debit the shortfall from your designated credit card account or bank account.

於發出賠償差額欠款付款通知書後 14 天, AXA 安盛將從您指定的信用卡戶口或銀行戶口中收取賠償差額欠款。

The credit card holder must be the Policyholder or the Insured Person or person with direct relationship to the Policyholder or the Insured Person i.e. spouse, partner (only applicable to FirstCare Plus Medical Insurance) or a parent of a child who is under the age of 18 or full-time student aged 23 or below).

信用卡持卡人必須為此保單之保單持有人或受保人, 或與保單持有人或受保人有直接關係, 即配偶, 伴侶 (只適用於摯關懷超卓醫療計劃) 及其子女為 18 歲以下或為 23 歲或以下全日制學生之父母。

Only Visa or MasterCard credit card (valid for at least 6 months from the date of admission/treatment) will be accepted.

僅接受 Visa 或 MasterCard 信用卡 (信用卡有效期必須由入院/治療日期起計至少六個月)。

Please fill in Part I of the Pre-authorisation Form about credit card authorisation and declaration.

請填妥預先批核申請表第一部分有關信用卡授權及聲明。

FirstCare / FirstCare Plus Medical Insurance Pre-authorisation Form - Part II

摺關懷 / 摺關懷超卓醫療計劃預先批核申請表 - 第二部分

To be completed by the attending physician / surgeon 由主診醫生 / 外科醫生填寫

(A) Details of Insured Person (Patient) 受保人 (病人) 資料	
Name of Insured Person (Patient) 受保人 (病人) 姓名	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士
Surname 姓	Given Name 名
Insured Person's (Patient's) Identity Card/Passport Number 受保人 (病人) 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)
Policy Number 保單號碼	
Contact Number (Use for follow up of this pre-authorisation 用於跟進是次預先批核) 聯絡電話	

(B) Particulars of Medical Information 臨床及入院資料	
1. Symptom(s) / chief complaint(s) presented 病徵/主訴出現	2. Onset Date (DD/MM/YYYY) 病徵出現日期 (日/月/年)
3. Diagnosis 診斷	4. First Consultation Date (DD/MM/YYYY) 首次看診日期 (日/月/年)
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	If "YES", First Onset Date (DD/MM/YYYY) 如"是" 首次病徵出現日期(日/月/年)
6. Name of Hospital / Day Centre / Clinic 醫院/日症中心/診所名稱 <input type="checkbox"/> Inpatient 住院 <input type="checkbox"/> Hospital OPD 醫院門診 <input type="checkbox"/> Day Centre 日間中心 <input type="checkbox"/> Clinic 診所	7. Date of Admission / Treatment (DD/MM/YYYY) 入院 / 治療日期 (日/月/年)
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 大房 <input type="checkbox"/> Hospital Day Ward 醫院日間病房	9. Daily Doctor's Round Fee 每日醫生巡房費
10. Estimated Length of Stay 預計留院日數	11. Daily Room Charges 每日住宿費用
12. Name of Surgery/Treatment 手術名稱或治療	Surgery/Treatment Fee 手術/治療費用
13. Name of Medical Implant (if any) 醫療植入裝置名稱 (如有)	Medical Implant Charges (if any) 醫療植入裝置費用(如有)
14. Operating Theatre and Materials Charges 手術室及物料費用	
15. 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	Anaesthesiologist's Fee 麻醉科醫生費
16. Referral to Specialist (if any), please provide name and reason. 轉介專科醫生 (如有), 請提供醫生姓名及原因。	Specialist's Consultation Fee 專科醫生診療費
17. Diagnostic test (e.g. Lab Test/X-ray/CT/MRI/PET scans) required during hospitalisation, please provide reason. 請提供原因為何診斷測試(例如化驗/X光檢查/電腦掃描/磁力共振/正電子掃描)需要在住院進行。	Diagnostic Test Charges 診斷測試費用
18. Therapeutic medication required during hospitalisation, please provide reason. 請提供原因為何藥物治療需要在住院進行。	Medication Charges 藥物費用
19. If hospitalisation is arranged for physiotherapy or a surgical procedure that is normally carried out in clinic or 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門診手術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。	
20. Estimated Doctor's Fees (Total) 預算醫生費用(總計)	21. Estimated Hospital Charges (Total) 預算醫院費用(總計)
22. 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"/> Tumours of skin, muscular tissue, bone tumours or malignancies of blood or bone marrow 皮膚和肌肉組織腫瘤、骨腫瘤或血液或骨髓的惡性病 <input type="checkbox"/> Hypertension, cardiac disease or vascular disease 高血壓或心臟疾病或血管疾病 <input type="checkbox"/> Gastric or duodenal ulcer 胃潰瘍、十二指腸潰瘍 <input type="checkbox"/> Calculi of kidney, urethra or bladder 腎結石、尿道結石或膀胱結石 <input type="checkbox"/> Diabetes mellitus 糖尿病 <input type="checkbox"/> Tuberculosis 肺結核 <input type="checkbox"/> Anal fistulae 肛門瘻管 <input type="checkbox"/> Gall stones 膽結石 <input type="checkbox"/> Tumours of internal organs 內部器官腫瘤 <input type="checkbox"/> Pathological abnormalities of nasal septum or turbinates 鼻腔隔膜或鼻甲骨骨病變 <input type="checkbox"/> Diseased tonsils requiring surgery 需要動手術的扁桃腺病 <input type="checkbox"/> Hallux valgus 拇趾外翻 <input type="checkbox"/> Hyperthyroidism 甲狀腺機能亢進 <input type="checkbox"/> Sinus conditions requiring surgery 需要動手術的竇症 <input type="checkbox"/> Haemorrhoids 痔瘡 <input type="checkbox"/> Cataracts 白內障 <input type="checkbox"/> Congenital/Hereditary/Developmental anomalies 先天性/遺傳疾病/發育中異常 <input type="checkbox"/> None of the above 以上皆否	

I HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true. 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 主診醫生 / 外科醫生姓名	Signature and Chop of Attending Physician / Surgeon 主診醫生 / 外科醫生簽名及蓋章	
Network Doctor Code (if any) 網絡醫生編號 (如有)		
Name of Network Provider (if any) 醫療網絡名稱 (如有)		
Date (DD/MM/YYYY) 日期(日/月/年)	Contact Number 聯絡電話	Fax Number 傳真號碼

Declaration and Authorisation 聲明及授權

- I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
- I/WE HEREBY AUTHORISE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to AXA General Insurance Hong Kong Limited ("the Company"); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorisation shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.
- In relation to the personal data collected in this form and provided during the course of the claim process, I/WE ACKNOWLEDGE AND CONFIRM that:
 - (1) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) ("Personal Data") is necessary for AXA General Insurance Hong Kong Limited (the "Company") to process the insurance claim and any such data not provided may mean the claim may not be able to be processed;
 - (2) the Personal Data may be used by the Company for purposes which include a) providing to me/us the products / services of the Company, other companies of the AXA Group ("your affiliates") or your business partners, and administering, maintaining, managing and operating such products / services; b) processing and evaluating any applications or requests made by me/us for products / services offered by the Company and your affiliates; c) providing subsequent services to me/us, including but not limited to administering the policies issued; d) any purposes in connection with any claims made by or against or otherwise involving me/us in respect of any products / services provided by the Company and / or your affiliates, including investigation of claims; e) evaluating my/our financial needs; f) designing products / services for customers; g) conducting market research for statistical or other purposes; h) matching any data held which relates to me/us from time to time for any of the purposes listed herein; i) making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; j) conducting identity and / or credit checks and / or debt collection; k) complying with the laws of any applicable jurisdiction; l) carrying out other services in connection with the operation of the Company's business; and m) other purposes directly relating to any of the above.
 - (3) the Personal Data will be kept confidential but, subject to the provisions of any applicable law, may be provided to: a) any of your affiliates, any person associated with the Company, any reinsurance company, claims investigation company, my/our broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard my/our consent to the transfer of my/our data outside of Hong Kong; b) any person (including private investigators) in connection with any claims made by or against or otherwise involving me/us in respect of any products / services provided by the Company and / or your affiliates; c) any agent, contractor or third party who provides administrative, technology or other services to the Company and / or your affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; d) credit reference agencies or, in the event of default, debt collection agencies; e) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and f) any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
 - (4) I/WE may gain access to, or request correction of my/our personal data (in both cases, may be subject to a reasonable fee) at any time by writing to: Data Privacy Officer of AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) /AXA General Insurance Hong Kong Limited at 23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong.
- I/WE ACKNOWLEDGE AND CONFIRM that the Personal Data may be provided to *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the purposes listed above in 3.(2) and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. The Personal Data will not be provided to HSBC for any of the purposes listed above in 3.(2) if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

- 本人/我們謹此聲明及同意(1)上述一切陳述及問題的所有答案,不論是否本人/我們親手所寫,就本人/我們所知所信,均為事實全部並確實無訛;(2)本人/我們對任何人所作出的任何聲明,如沒有在此申請書上填寫或印出,安盛保險有限公司(「貴公司」)不須受其約束。
- 本人/我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人/我們之紀錄者,均可將該等資料提供給安盛保險有限公司;(2)安盛保險有限公司或任何其他指定之醫生或化驗所,可就此賠償申請替本人/我們進行所需之醫療評估及測試,作為審核本人/我們之索償。此授權對本人/我們之繼承人具有約束力;即使本人/我們身故或無行為能力時,此授權仍具效力。本授權書的影印本與正本具有同等效力。
- 就有關從此索償表及於處理索償時所收集的個人資料,本人/我們知悉及確認:
 - (1) 除非於本表格上另有訂明,本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)(「個人資料」)是供安盛保險有限公司(「貴公司」)處理保險索償申請的所需資料,若未能提供任何所需資料索償申請則可能不被處理;
 - (2) 貴公司所收集之個人資料之用途包括: a) 提供貴公司、安盛集團的其他公司(「安盛關聯方」)或貴公司的商業合作夥伴之產品/服務,以及提供、維持、管理和操作該等產品/服務; b) 處理和評估本人/我們就貴公司及安盛關聯方所提供之產品/服務提出的任何申請或要求; c) 向本人/我們提供後續服務,包括但不限於執行/管理已發出的保單; d) 與就貴公司和/或安盛關聯方提供的任何產品/服務而由本人/我們或針對本人/我們提出的或者其他涉及本人/我們的任何索賠相關的任何目的,包括索賠調查; e) 評估本人/我們的財務需求; f) 為客戶設計產品/服務; g) 為統計或其他目的進行市場研究; h) 不時就此處所列的任何目的核對所持有的與本人/我們有關的任何資料; i) 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查; j) 進行身份和/或信用核查和/或債務追收; k) 遵守任何適用的司法管轄區的法律; l) 開展與貴公司業務經營有關的其他服務; 及 m) 與上述任何目的直接有關的其他目的。
 - (3) 個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給: a) 位於香港或香港以外其他地方的任何安盛關聯方、貴公司的任何相關聯人士、任何再保險公司、索賠調查公司、本人/我們之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,本人/我們同意將本人/我們的資料轉移至香港境外; b) 與就貴公司和/或安盛關聯方提供的任何產品/服務而由本人/我們或針對本人/我們提出的或者其他涉及本人/我們的任何索賠相關的任何人(包括私家偵探); c) 在香港或香港以外其他地方向貴公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方; d) 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司; e) 貴公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者; 及 f) 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。
 - (4) 本人/我們可隨時致函致安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司)/安盛保險有限公司之個人資料保護主任(地址:香港九龍九龍灣宏遠街1號壹號九龍23樓)查閱、或要求修改本人/我們的個人資料(貴公司可能查閱及修改要求收取合理費用)。
- 本人/我們知悉及確認個人資料可提供給*就任何有關列於 3.(2)之目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(「滙豐」):確保客戶信貸信譽度持續良好,建立和維持信貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項。

* 此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求,閣下的個人資料將不會因上文3.(2)所述的任何有關目而提供給滙豐。

Signature of Insured Person or 受保人簽署 或
 Signature of Policyholder (if insured person is under 18 years old)
保單持有人簽署 (如受保人未滿十八歲)

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Important Notes 重要事項:

The above policy is underwritten by AXA General Insurance Hong Kong Limited ("AXA"), which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR.

以上保單由安盛保險有限公司(「AXA安盛」)承保,AXA安盛已獲香港保險業監管局授權並受其監管。AXA安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險業條例(香港法例第41章)註冊為AXA安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

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FirstCare / FirstCare Plus Medical Insurance Pre-authorisation Form

擊關懷 / 擊關懷超卓醫療計劃預先批核申請表

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