

国内客户在国内住院出院免找数服务

[适用于富泰医疗/至尊明珠的独立版本及附加契约版本]

A) 出院免找数服务

友邦香港重视优质服务，为了响应客户需求，我们特别广展「出院免找数服务」到入住国内医院，让客户在住院期间安心接受治疗！

以下为出院免找数服务简易五步骤：

步骤	化繁为简，一站式简易申请出院免找数服务，令客户入住国内医院期间安心又放心
1	请致电友邦香港预先入院登记查询国内客户免费热线 4008-428-009 (客户电话需有国际长途功能才能打通)，或国内客户身处香港时热线 2232 8870 ，查询详情及索取申请表格
2	请填妥入院前登记表格并于入院前最少四个工作天交回给我们 传真号码:(852) 3118 9083；电邮： hk.pre-admission@aia.com
3	友邦香港会向有关入住国内医院发出「住院付款保证信」
4	入院时，请向医院提交受保人之身份证明文件以作核实
5	出院后，医院会将单据直接递交给我们，理赔完成后，如有差额情况出现，公司将专函保单持有人，按入院前登记表格所注之条款及细则，于发信日十四天后直接从银联卡中扣除。

*详情请参考下列(C)部分有关国内出院免找数申请表格及其授权友邦香港从银联卡账户收取差额条款

B) 适用医院

入住医院挂帐服务可以安排在中华人民共和国境内之指定 145 间医院，医院名单请参阅友邦保险网页：

AIA.COM.HK -> 客户支援 -> 国内医院出院免找数服务 -> 国内出院免找数之指定医院名册

C) 国内出院免找数申请表及注意事项

國內出院免找数服务是一项全新的服务，在向客户推介此服务前，请务必全面细读申请表内容和免责声明。

第一部分 — 由投保人/保单持有人填写

i) 個人資料

國內出院免找数申请表 (只适用于国内客户)
LOG China Hospital Form (For PRC Customer)



AIA International Limited
(Incorporated in Bermuda with limited liability)
Pre-Admission Enquiry 预先入院登记查询

Hong Kong 香港
(862) 3118 8083
4008-428-008
(862) 2282 8870

Fax 传真:
PRC Customer Toll Free Hotline
国内客户免费专线:
Hotline for PRC Customer to call in Hong Kong
国内客户在 香港免费热线:

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登记表格
PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保单持有人或投保人填写
Please complete this form and return it to us by fax or e-mail at least 4 working days prior to admission. A "Letter of Guarantee" will be issued by AIA.
请填写此表格并于入院前最少四个工作天，以传真或电邮方式递交。于投保人（病人）符合资格情况下，友邦将发出「住院付款保证信」。

Policy Number 保单号码:	Name of Policy Owner 保单持有人姓名:
Name of Insured (Patient) 受保人(病人)姓名:	Date of Birth 受保人(病人)出生日期 (Month/Day/Year) (月/日/年):
Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份证/护照号码 Please fill out the below information if the above-mentioned document will not be applied during admission. 如办理入院手续时并非使用上列之身份证明书，请填写下列资料。	
<input type="checkbox"/> Identity Card 身份证 (number/证件号码:)	}
<input type="checkbox"/> Passport 护照 (number/证件号码:)	
<input type="checkbox"/> Mainland Travel Permit for Hong Kong and Macao Residents 港澳居民来往内地通行证(回乡证) (number/证件号码:)	
<input type="checkbox"/> Others, please specify: 其他, 请注明: (number/证件号码:)	
Contact Telephone No. 联络电话号码:	E-mail Address/Fax No. 电邮地址和传真号码:

If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No".
若您不欲友邦通知其代理人有关此住院付款保证信申请，请勾选“否”。

Agent/Broker Name 代理人/经纪人姓名:	}
Agent/Agency/ Broker Code 代理人/机构/经纪人代码:	
Area/Agency/Broker Code 区域/机构/经纪人代码:	
Are you making any AIA Group Policy 您是否向友邦集团投保其他任何友邦集团保单? If "Yes", please provide the following information 如有, 请填写下列资料: Name of AIA Group Policy Employer/Other Insurance Company/ Organisation 友邦集团雇主名称/其他保险公司/机构名称: Group Policy No./Certificate No./Policy No./Membership No. 团体保单号码/受保证书编号/保单/会员编号:	}

第一部分：由投保人/保单持有人填写

- 保单持有人姓名及保单号码
- 受保人(病人)姓名及身份证 / 护照号码 *
- 联络电话号码 / 电邮地址 / 传真号码
- * 请填写办理入院手续时之身份证明

请注意：基于申请/批核的过程中牵涉很多个人资料，故公司提供选择予客户，可以选择不欲友邦香港就是次「住院付款保证信」的申请，通知有关业务代表

国内出院免赔额申请表 (只适用于国内客户)
 LOG China Hospital Form (For PRC Customer)

PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外受伤入院请填写问题 1 至 5	
1. Date and time of accident 意外日期及时间:	MM月/DD日/YYYY年 A.M. 上午
2. Where and how did the accident happen 意外地点及经过:	
3. Part of body injured and type of injury 受伤部位及伤势:	
4. Present occupation (if more than one, state all) and exact nature of occupational duties 职业	
5. Name and address of business or employer 公司或雇主名称及地址:	
PLEASE COMPLETE QUESTIONS 6 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 因病	
6. Give a brief description of symptoms 描述病症及症状:	
7. How long have these symptoms existed prior to the first consultation? 该等病症在首次求诊前已存在多久?	
8. Give details of consultations 诊治详情	
(a) The doctor first consulted for this illness 首次就诊的医生资料: Date 求诊日期:	MM月/DD日/YYYY年
(b) Name and address of clinic/hospital 医生/医院名称及地址:	

由受保人(病人) 提供有关数据: 于申请时填写, 可以减少出医院延误 此部分是由现行住院赔偿申请书第一部分摘要而成: - 因意外受伤入院请填写 1 至 5 题 - 因病入院请填写 6 至 8 题

第二部分 — 收取差额费用之银联卡授权书

- (i) 请细读声明，特别「c」及「d」项授权友邦香港可从入院前登记表格中指定银联卡账户扣除有关差额，如信用额不足或会从受保人/保单持有人有关保单所获收取金额中抵销扣除。

c. 递交此次入院前登记表格或由友邦香港签发出住院付款保证信均不能理解为友邦香港承担有关赔偿责任。若友邦香港曾为本人/我们/受保人支付任何不在受保障范围内的费用，或支付超出有关保障限额的费用时，友邦香港将有权从以下指定的银联卡中扣除任何相关的金额。若友邦香港因有关银联卡户口的信用额不足，或不论任何其他原因以至未能收取该笔差额，友邦香港将有权把应收款项从此保单，及/或任何由友邦香港签发并以本人/我们/受保人作为保单持有人或信托人的保单所获支付予本人/我们/受保人的金额中抵销扣除，包括但不限于任何身故赔偿（法律允许的范围）、红利或保费退还（不论何种原因）。

- (ii) 授权从指定银联卡收取差额费用，只接受中华人民共和国境内银行所出之银联卡
 (iii) 银联卡持卡人必须为有关保单之保单持有人或受保人，或与保单持有人及受保人有直接关系，如配偶及父母
 (iv) 友邦香港将于指定银联卡保留 5,000 港元的信用额作为入院按金，直至整个理赔程序完结为止。

国内出院免核数申请表 (只适用于国内客户)
 LOG China Hospital Form (For PRC Customer)
 Part II — TO BE COMPLETED BY INSURED/CLAIMANT 第二部分 — 由受保人或申请人填写
 Union Card Authorization Form for Shortfall Collection 收取差额费用之银联卡授权书

If the amount paid by AIA to the hospital exceeds the eligible claims arising from this hospitalization, this Form authorizes AIA to collect the shortfall amount from the following union card account. The union card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent. AIA will hold RMB5,000 from the credit limit of this union card account until the claim assessment is fully completed. The shortfall notification will be sent to Policy Owner 14 days prior to the collection.
 如友邦香港所支付的费用超出属次住院期间可获理赔的赔偿，此授权书将授权友邦从以下银联卡户口收取有关差额。银联卡持卡人必须为此保单之保单持有人或受保人，或与保单持有人及受保人有直接关系，如配偶及父母。友邦将于银联卡保留港币 5,000 元的信用额，直至整个理赔程序完结为止。友邦将于收取差额费用十四天前发出差额付款通知书通知保单持有人有关差额详情。

个人账户扣友邦保险(国际)有限公司授权书

<p>委托日期:</p> <p>委托人 (银行帐户或银联卡持有人)</p> <p>Account or Card Number 账号或卡号</p> <p>Identity Number 身份证号码 (开户的登记身份证件号码)</p> <p>Address 地址</p> <p>Contact number 联系电话 (开户的登记电话号码)</p>											
<p>委托友邦保险(国际)有限公司代扣项目:</p> <table border="1"> <tr> <th>收费项目</th> <th>收费单位名称</th> <th>收费单位开户行</th> <th>收费单位开户行账号</th> </tr> <tr> <td>Hospital Fee 住院费</td> <td>AIA International Limited 友邦保险(国际)有限公司</td> <td>花旗银行香港分行</td> <td>301-61551166 301-17721113</td> </tr> </table>				收费项目	收费单位名称	收费单位开户行	收费单位开户行账号	Hospital Fee 住院费	AIA International Limited 友邦保险(国际)有限公司	花旗银行香港分行	301-61551166 301-17721113
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<p>本人承诺:</p> <ol style="list-style-type: none"> 1. 兹委托 友邦保险(国际)有限公司通过相关代扣系统将本人上述帐户上的存款按上述委托扣项目代理处理缴费业务。委托书生效, 如有变更, 另行书面通知。 2. 本人承诺上述帐户处于挂失、冻结等停止支付状态而引起的扣款不成功时, 产生的后果由本人承担。 3. 本人保证在上述帐户中存入足额代扣金额(足额代扣金额是指本人每月的帐户存款余额至少大于每月代扣金额一元以上), 若不足, 代扣失败, 因此产生的后果由本人承担。 4. 本人愿意承担因委托扣业务而产生的交易手续费, 此文易手续费由友邦保险(国际)有限公司向上述委托扣项目一并上扣取。 5. 上述承诺内容属实, 本人知悉并保证遵守代扣系统的扣款制度。 											
<p>委托人(签字) (银行帐户或卡持有人)</p>		<p>AIA International Limited 友邦保险(国际)有限公司盖章</p>									
<p>日期:</p>		<p>日期:</p>									

第二部分 — 由受保人或保单持有人填写 收取差额费用之银联卡授权书

- 持卡人姓名
- 持卡人身份证/护照号码
- 银联卡号码
- 银联卡到期日
- 持卡人签署
- 联络号码

第三部分 — 由受保人/受保人之主诊医生/外科医生填写(如有需要, 保单持有人/受保人需自行承担填写表格费用)

Part III — TO BE COMPLETED BY THE INSURED ATTENDING PHYSICIAN/SURGEON AT THE POLICY OWNER/INSURED'S EXPENSES IF ANY 第三部分—由受保人之主診醫生/外科醫生填寫(如有需要, 保單持有人/受保人需自行承擔填寫表格費用)	
Name of Patient 病人姓名:	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Hospital name 醫院名稱:	Room Class: <input type="checkbox"/> Ward <input type="checkbox"/> Semi-private <input type="checkbox"/> Private 住 房 級 別: <input type="checkbox"/> 普通病房 <input type="checkbox"/> 半私家 <input type="checkbox"/> 私家
Expected Date of Admission (MM/DD/YY) 預計入院日期(月/日/年):	
Expected Length of Confinement (number of days) 預計住院日數:	
Medical Condition 醫療詳情	
Diagnosis and associated signs and symptoms 診斷和相關病徵:	
Onset date of the symptoms/condition 發病日期: ____/____/____	
Is the condition recurrent/chronic? 此情況是否為復發性/慢性? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Given the condition of the outpatient basis? 根據你的評估及意見, 病人 If "No", please explain 如
If "Yes", onset date of the first episode: 如 "是", 首次發病日期 ____/____/____ (MM/DD/YY) (月/日/年)	Is illness/injury related to the following condition 此疾病 / 受傷是否由以下情況引起: 1) Congenital anomaly 先天性異常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 2) Psychiatric condition 精神病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 3) Influence of alcohol, drug or intoxicant 酒精藥物或麻醉劑影響 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 4) Obesity, weight control 肥胖, 體重控制 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 5) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Treatment Details 治療詳情	
Surgery/treatment required 建議之手術/治療:	
Estimated Surgeon fee charges 預計外科手術費:	
Anaesthesia 麻醉: <input type="checkbox"/> General 全身麻醉 <input type="checkbox"/> Local 局部麻醉	
Lab tests/imaging/other diagnostic investigation required 建議之化驗/影像檢查/其他診斷性檢查:	
Estimated hospital expenses charges 預計醫院費用:	
Doctor's Information 醫生資料	
Doctor's name 醫生姓名:	Signature of Doctor and Chop 醫生簽署及印章:
Contact no. 聯絡號碼:	Date 日期: (MM/DD/YY 月/日/年)
Fax no. 傳真號碼:	
Footnote: "AIA Hong Kong" herein refers to American International Assurance Company (Bermuda) Limited 備註: 「友邦香港」是指美國友邦保險(百慕達)有限公司	

第三部分 - 由受保人/受保人之主诊医生/外科医生填写(如有需要, 保单持有人/受保人需自行承担填写表格费用 - 医疗详情 - 治疗详情 - 医生数据和签名)

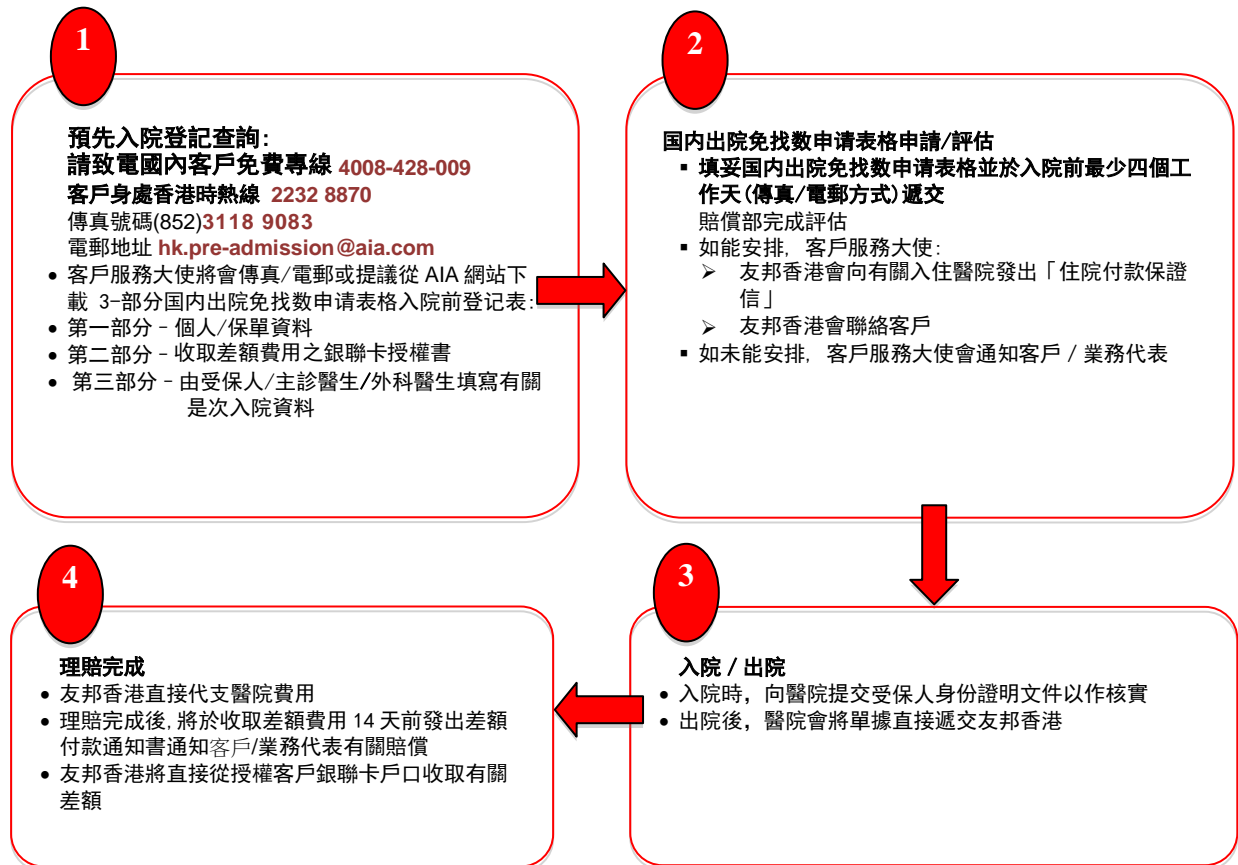
請注意:

- 1) 数据不足或数据不正确可能会延误入住医院挂帐服务申请
- 2) 因填写国内出院免找数申请表格和住院赔偿表格第二部分, 如由主诊医生/外科医生收费的费用, 需由客户承担
- 3) 赔偿部完成评估后, 友邦香港会致电或透过电话短讯通知客户有关参考号码, 同时, 友邦香港会向有关入住医院发出「住院付款保证信」
- 4) 友邦香港将于指定银联卡保留5,000港元的信用额作为入院按金, 直至整个理赔程序完结为止。
- 5) 友邦香港会根据客户于入院前登记表格上的指示, 致电通知有关业务代表就是次「住院付款保证信」的申请结果

D) 缴付差额

- 1) 保单持有人或受保人于入院前登记表格之银联卡授权书部分授权友邦香港收取差额
- 2) 友邦香港会向客户入住之医院发出「住院付款保证信」，随即从指定银联卡保留5,000港元的信用额作为入院按金,直至整个理赔程序完结为止
- 3) 理赔完成后,如有任何差额,友邦香港将发出差额付款通知书予保单持有人,通知有关差额详情
- 4) 于差额付款通知书发出十四天后,友邦香港将按入院前登记表格所注之条款及细则,直接从指定银联卡中扣除有关差额,如未能成功扣取有关差额,友邦香港会发出逾期缴款通知书,并会暂停有关保单持有人及受保人之出院免找数服务及其他索偿申请
- 5) 倘若有关未结算差额费长达三个月,友邦香港将有权从保单持有人及受保人获支付的金额中抵销扣除,包括但不限于任何身故赔偿(于法律允许的范围内)、红利或保费退还等

E) 流程一览表



常见问题

1. 为何推出「国内住院出院免找数服务」？

友邦香港重视优质服务，为了响应客户需求，我们特别推出「国内住院出院免找数服务」，让客户在住院期间安心接受治疗！公司会向客户入住之医院发出「住院付款保证信」，客户出院后，医院会将单据直接递交公司，理赔完成后，如有差额会发出差额付款通知书通知有关赔偿详情。

2. 可否提供查询热线及简易步骤作参考？

可以，请参考附件 I 简易五步骤及欢迎于办公时间致电预先入院登记查询或登入公司网页：

国内客户预先入院登记 查询免费专线	4008-428-009
办公时间	星期一至五上午 8 时 45 分至晚上 7 时正(星期六、日及公众假期休息)
非港澳居民投保 资料专页	Agency Corner -> Manuals -> PRC Manuals -> 最常用工具 -> 国内 出院免找数服务 -> 国内出院免找数申请表格(只适用于国内客户)
公司网页	AIA.COM.HK -> 客户支持 -> 国内医院出院免找数服务 -> 国内出院免 找数申请表格(只适用于国内客户)
iAMP	Agency Corner -> iAgency management Platform -> Sales Tools -> E- Forms -> Claims -> 国内出院免找数申请表格(只适用于国内客 户)
营业员专页	部门信息 -> 营运部 -> Claims -> Forms -> Form_Claims_Hospital Claims 国内出院免找数申请表格(只适用于国内客户)

3. 可否提供适用医院名单作参考？

国内出院免找数服务之指定医院国内医院(AIA.COM.HK -> 客个人户支持 -> 国内医院出院免找数服务 -> 国内出院免找数之指定医院名册)。

4. 为何要递交入院前登记表格？

为了提供一站式的服务及免却客户重复多次填写表格，国内出院免找数申请表格上填写的数据已包括安排出院免找数服务及处理赔偿时所需的数据，详情如下：

客户须先填写国内出院免找数申请表格，公司赔偿部评估后才可发出有关「住院付款保证信」。

国内出院免找数申请表格分为三部分，请参考下表。

由于这是一项为尊贵客户而设的全新服务，在向客户推介此服务或填写入院前登记表格前，请务必全面细读申请表内容和免责声明：

第一部分	由保单持有人 / 受保人（病人）填写个人及保单资料
第二部分	由保单持有人 / 受保人（病人）填写授权： i) 请细读免责声明 a - d 项 ii) 特别 ‘c’ 及 ‘d’ 项授权可从客户银联卡帐户保留 5,000 港元的信用额作为入院按金, 直至整个理赔程序完结为止 iii) 如有差额时, 亦授权公司从客户银联卡收取有关差额费用; 如信用额不足或会从保单所获收取金额中抵销扣除
第三部分	由受保人/受保人主诊医生/外科医生填写有关受保人的伤病情况及治疗计划(如有需要, 客户需自行承担填写表格费用)

请注意：数据不足或数据不正确可能会延误入住医院挂帐服务申请

5. 如何递交入院前登记表格？

请填妥入院前登记表格，并于入院前最少四个工作天，传真致(852) 3118 9083 或以电邮方式 hk.pre-admission@aia.com 递交。

6. 申请出院免找数服务需时多久？

由公司收到入院前登记表格起，需四个工作天完成登记手续。

7. 完成入院前登记评估后会怎样？

赔偿部完成评估后：

- **如能安排：**
 - 公司会联络受保人（病人）并透过手提电话短信发送参考号码
 - 向有关入住医院发出「住院付款保证信」
 - 公司将客户授权银联卡中保留 5,000 港元的信用额作为入院按金
 - **如未能安排：**
 - 公司会通知受保人（病人）并解释未能安排之原因，客户仍可跟据现行做法，出院时先支付有关费用，然后填写住院赔偿表格向公司索偿
- ❖ 公司会根据客户于入院前登记表格上的指示，致电通知有关业务代表就是次「住院付款保证信」的申请结果

8. 客户出院后有什么手续？

由于保单持有人及受保人在入院前已将详细资料于登记表格内填写，出院时并不需要填任何表格。

出院后，医院会直接将单据及住院赔偿表格第二部分递交公司。当理赔完成后，如有任何差额，公司会发出差额付款通知书通知保单持有人。有关详情，并于差额付款通知书发出十四天后从客户指定的银联卡扣除有关差额

9. 客户如何处理差额费用？

- i) 出院后，医院会直接将单据及住院赔偿表格第二部分递交公司。
- ii) 当理赔完成后，如有任何差额，公司会在收取差额费用十四天前发出差额付款通知书通知保单持有人
- iii) 公司将直接从客户授权银联卡户口收取有关费用
- iv) 如未能扣取有关差额，公司会再度邮寄逾期缴款通知书，及会暂停保单持有人及受保人任何其他出院免找数服务及索偿申请
- v) 倘若有关差额费用高于客户信用额，客户可选择直接以支票缴付费用

倘若有关未结算差额费长达三个月，公司将有权从保单持有人及受保人获支付的金额中抵销扣除，包括但不限于任何身故赔偿(法律允许的范围内)、红利或保费退还等

PRC Customers Credit Facility Service for Hospitalisation in China

[Applicable to both standalone version and rider version of CEO Pearl Medical and Regal Health]

A) Credit Facility Service for Hospitalisation

To boost service enhancement as well as meet with the increasing demand for a 'Hospitalisation cashless arrangement', we are introducing the 'credit facility arrangement' which would let customers to enjoy peace of mind during Hospitalisation in China.

Five simple steps for Hospitalisation:

Step	Your Client's One-stop Hassle-free Service for Complete Peace of Mind During Hospital Stay in China
1	PRC policy owner please contact AIA Hong Kong Pre-Admission PRC Customer Toll Free Hotline at 4008-428-009 (Needs to have IDD function in phone in order to get through), or PRC policy owner to call Hong Kong Hotline when in Hong Kong at 2232 8870
2	Fill out and return the Pre-Admission Form to us at least 4 working days prior to admission Fax no.: 3118 9083 ; E-mail: hk.pre-admission@aia.com
3	We will issue a "Letter of Guarantee" (LOG) to the concerned hospital for admission
4	Upon admission, present the Insured's identification document to the hospital for verification
5	On discharge, the hospital will send the invoice directly to us. Once our Claims Department completes the case assessment, if there is any shortfall, as per the Terms and Condition stated from the Pre-Admission Form, a shortfall notification will be sent to the Policy Owner 14 days prior to the direct debit from the designated Union Card

***For details on the LOG China Hospital Form, Union Card Authorisation and shortfall collection, please refer to below section 'C' below!**

B) List of Available Hospitals

Cashless arrangement will be available at the Letter of Guarantee Service for China Hospital in:
AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital -> List of designated Hospitals for Letter of Guarantee Service in China

C) LOG China Hospital Formand Points to Take

Since this is a brand new service being provided to our customers, it is important for you to gain a better understanding by reading through the contents including the Declaration and Authorisation before advising customers or filling the LOG China Hospital Form:

Part I: Personal Information

i) Identity Information: Personal Information

国内出院免核数申请表 (只适用于国内客户)
LOG China Hospital Form (For PRC Customer)



AIA International Limited
(Incorporated in Bermuda with limited liability)
Pre-Admission Enquiry 预先入院登记查询

Fax 传真:
PRC Customer Toll Free Hotline
国内客户免费专线:
Hotline for PRC Customer to call in Hong Kong
国内客户在 香港免费热线:

Hong Kong 香港
(862) 3118 8083
4008-428-008
(862) 2232 8870

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登记表
PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保单持有人或受保人填写
Please complete this form and return it to us by fax or e-mail at least 4 working days prior to admission. If eligible, a "Letter of Guarantee" will be issued by AIA.
请填写此表格并于入院前最少四个工作天, 以传真或电邮方式递交。于受保人(病人)符合资格情况下, 我们将

Part I — To be completed by the Policy Owner/Insured:
- Name of Policy Owner and the Policy No.
- Name of Insured (Patient) & ID No./Passport No.*
- Contact Telephone No./e-mail address/fax no.
* Please provide identity proof when for hospital admission

Policy Number 保单号码:	Name of Policy Owner 保单持有人姓名:
Name of Insured (Patient) 受保人(病人)姓名:	Date of Birth 受保人(病人)出生日期 (Month/Day/Year):
Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份证/护照号码	
Please fill out the below information if the above-mentioned document will not be applied during admission. If applicable, please provide the following information. 如办理入院手续时并非使用上列之身份证/护照, 请填写下列资料。	
<input type="checkbox"/> Identity Card 身份证 (number/证件号码:)	
<input type="checkbox"/> Passport 护照 (number/证件号码:)	
<input type="checkbox"/> Mainland Travel Permit for Hong Kong and Macao Residents 港澳居民来往内地通行证(回乡证) (number/证件号码:)	
<input type="checkbox"/> Others, please specify: 其他, 请注明: (number/证件号码:)	
Contact Telephone No. 联络电话号码:	E-mail Address/Fax No. 电邮地址和传真号码:

If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No".
如你不希望友邦就此次住院付款保证证的申请, 通知有关业务代表, 请在“否”加上副号。

Agent/Broker Name 代理人/经纪人姓名: _____
Agent/Agency/ Broker Code 代理人/机构/经纪人代码: _____
Area/Agency/Broker Code 区域/业务员/经纪人代码: _____

Important Note:
In view of the "private & confidential" nature of information in the Pre-Admission Form and Letter of Guarantee process, company would like to allow the Policy Owner/Insured to tick "NO" if they do not want AIA Hong Kong to inform agent about this hospitalisation Letter of Guarantee arrangement.

Are you making any AIA Group Policy or other insurance arrangement with AIA Group Policy Employer/Other Insurer?
你是否向友邦团体保单或其他保险公司投保?
If "Yes", please provide the following information:
Name of AIA Group Policy Employer/Other Insurer: _____
Group Policy No./Certificate No./Policy No./Members: _____

PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外受傷入院的快填表格 1 至 5	
1. Date and time of accident 意外日期及時間:	MM/月/00日/YYYY年 A.M. 上午 P.M. 下午: HK 時 MIN 分
2. Where and how did the accident happen 意外地點及經過:	
3. Part of body injured and type of injury 受傷部位及傷勢:	
4. Present occupation (if more than one, state all) and exact nature of occupational duties 現職 (若有兼職請列明) 職位及職責:	
5. Name and address of business or employer 公司或僱主名稱及地址:	
PLEASE COMPLETE QUESTIONS 6 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 因病入院的快填表格 6 至 8	
6. Give a brief description of symptoms 概述病徵及病狀:	
7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前	
8. Give details of consultations 診治詳情	
(a) The doctor first consulted for the illness 首次求診的醫生姓名: Date 求診日期:	
(b) Name and address of clinic/hospital 醫生/醫院名稱及地址:	

Insured self-completes the basic medical information:

- Fill in now to avoid any inconvenience/ delays (caused from filling) at the time of discharge from hospital
- This part is extracted from the existing Claim Form Part I
 - Q1 to Q5 if hospitalisation is due to an accident
 - Q6 to Q8 if hospitalisation is due to an illness

Part II: Union Card Authorisation

i) It is important to read the Declaration and Authorisation, especially points 'c' and 'd' which authorise AIA Hong Kong to debit the shortfall from the designated Union Card or Policy Owner/Insured's other policies in the event of insufficient credit

- c. Neither submission of this hospitalisation Pre-admission Form nor the issuance of Letter of Guarantee by AIA Hong Kong shall be construed as admission of liability on the part of AIA Hong Kong.
- d. In the event that AIA Hong Kong has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible benefit limit, AIA Hong Kong shall have the right to deduct any of such charges from the credit card as specified below. However, if AIA Hong Kong cannot collect such shortfall due to insufficient credit available in the union card account or for any other reason whatsoever, AIA Hong Kong shall have the right to setoff the shortfall amounts against the amount due or payable to me/us/the Insured from this Policy and/or any policy issued by AIA Hong Kong of which I/we/the Insured am/are/is the owner(s) or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).

ii) Union Card Authorisation Form for Shortfall Collection

iii) The Union Card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent

iv) AIA Hong Kong will hold HK\$5,000 from the designated Union card account as hospital deposit until the completion of claim assessment

Part II — TO BE COMPLETED BY INSURED/CLAIMANT 第二部分 — 由受保人或申请人填写
个人帐户及信用卡授权(通用)有限公司表格

要保人 (银行帐户或信用卡持有人)	
Account or Card Number 账号或卡号	
Identity Number 身份证号码	
Address 地址	
Contact Number 联系电话	

要保人和授权(通用)有限公司项目	收费单位名称	收费单位开户行	收费单位开户帐号
Item	AIA International Limited 友邦国际(通用)有限公司	香港银行(通用)行	291-81981198 291-77231112

本人承诺:

1. 我要保人及授权(通用)有限公司通过授权和保人上述帐户上的存款比上述要保人和授权(通用)有限公司生效, 如有变更, 银行可作通知。
2. 本人及授权(通用)有限公司, 授权(通用)有限公司, 产生的后果由本人承担。
3. 本人同意上述帐户中存入足额的款项(授权(通用)有限公司每月对帐上存款余额至少大于当月应扣款项不足, 授权(通用)有限公司, 因此产生的后果由本人承担。
4. 本人同意授权(通用)有限公司产生的任何手续费, 此交易手续费由授权(通用)有限公司向上述帐户上扣除。
5. 上述声明为授权(通用)有限公司授权的授权(通用)有限公司。

要保人 (签名) (银行帐户或信用卡持有人)	AIA International Limited 友邦国际(通用)有限公司
日期:	日期:

Part II — To be completed by Policy Owner/Insured
Credit Card Authorisation Form for Shortfall Collection

- Cardholder's Name
- Cardholder's HKID Card No.
- Union Card Account No.
- Union Card Expiry Date
- Cardholder Signature
- Contact No.

Part III: Patient Medical Information

To be filled by Insured's attending physician/surgeon at the Policy Owner/Insured's own expense if any

Part III — TO BE COMPLETED BY THE INSURED ATTENDING PHYSICIAN/SURGEON AT THE POLICY OWNER/INSURED'S EXPENSES IF ANY
 第三部分——由受保人之主治醫生/外科醫生填寫 (如有需要, 這項持有人/受保人需自行承擔填妥此項費用)

Name of Patient 病人姓名:	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Hospital name 醫院名稱:	Room Class: <input type="checkbox"/> Ward <input type="checkbox"/> Semi-private <input type="checkbox"/> Private 住 房 級 別: <input type="checkbox"/> 普通病房 <input type="checkbox"/> 半私家 <input type="checkbox"/> 私家
Expected Date of Admission (MM/DD/YYYY) 預計入院日期 (月/日/年):	
Expected Length of Confinement (number of days) 預計住院日數:	
Medical Condition 醫療詳情	
Diagnosis and associated signs and symptoms 診斷和相關病徵:	
Onset date of the symptoms/condition 發病日期: ____/____/____ (MM/DD/YYYY 月/日/年)	
Is the condition recurrent/chronic? 此情況是否為復發性/慢性? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Given the condition of the patient, is it possible to provide this treatment on an outpatient basis? 考慮您的病徵及健康, 病人是是次的病況, 是否可以讓此門診級病人接受進室的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", onset date of the first episode: 如 "是", 首次發病日期 ____/____/____ (MM/DD/YYYY) (月/日/年)	If "No", please explain 如不可以, 請提供原因: Is illness/injury related to the following condition 此疾病 / 受傷是否由以下情況引起:
	1) Congenital anomaly 先天性異常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
	2) Psychiatric condition 精神病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
	3) Influence of alcohol, drug or intoxicant 酒精藥物或麻醉劑影響 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
	4) Obesity, weight control 肥胖, 體重控制 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
	5) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Treatment Details 治療詳情	
Surgery/treatment required 建議之手術/治療:	
Estimated Surgeon fee charges 預計外科手術費:	
Anaesthesia 麻醉: <input type="checkbox"/> General 全身麻醉 <input type="checkbox"/> Local 局部麻醉	
Lab tests/imaging/other diagnostic investigation required 建議之化驗/影像檢查/其他診斷性檢查:	
Estimated hospital expenses charges 預計醫院費用:	
Doctor's Information 醫生資料	
Doctor's name 醫生姓名:	Signature of Doctor and Chop 醫生簽署及印章:
Contact no. 聯絡號碼:	Date 日期: ____/____/____ (MM/DD/YYYY 月/日/年)
Fax no. 傳真號碼:	

Footnote: "AIA Hong Kong" herein refers to American International Assurance Company (Bermuda) Limited
 備註: 「友邦香港」是指美國友邦保險(百慕達)有限公司

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Part III — To be completed by the Insured/Attending Physician/Surgeon at Policy Owner/Insured's expense if any

- Medical Condition
- Treatment details
- Hospital details
- Doctor's information & signature

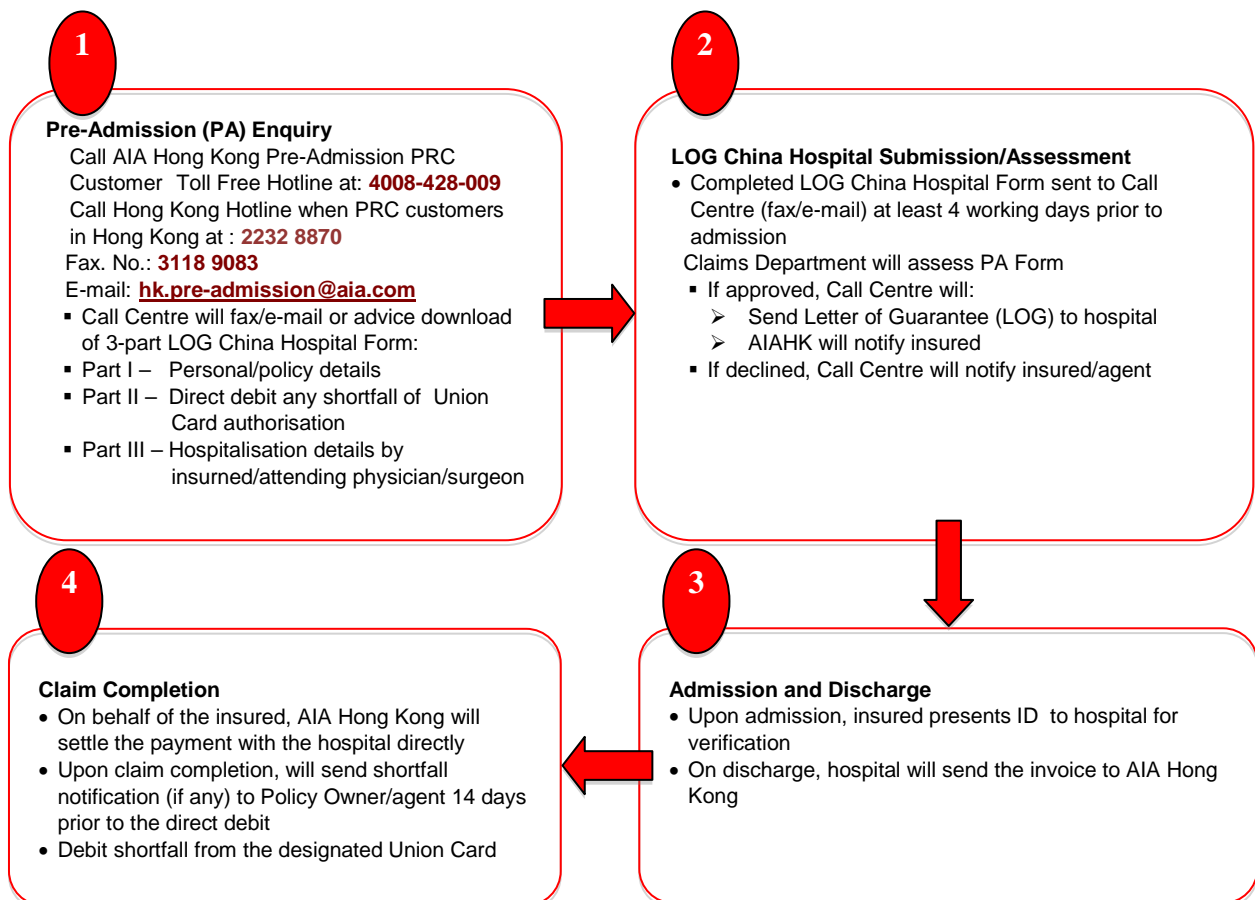
Note:

- 1) Please take note that insufficient or incorrect information in the LOG China Hospital Form may delay the Pre-Admission assessment
- 2) All expenses will be borne by Policy Owner/Insured if there are any charges to be paid to the attending physician/surgeon for filling-out the LOG China Hospital Form and/or the Claim Form Part II upon discharge from hospital
- 3) Once our Claims Department completes the assessment, we will inform the Insured via phone and SMS with a Case Reference No. The Letter of Guarantee will be sent to the respective hospital
- 4) AIA Hong Kong will hold HK\$5,000 from the designated Union Card Account as hospital deposit
- 5) If permitted by the Policy Owner/Insured in the LOG China Hospital Form, we will also inform the agent by phone

D) Shortfall Collection

- 1) Union Card authorisation must be signed by the Policy Owner/Insured in LOG China Hospital Form to allow AIA Hong Kong to direct debit any shortfall
- 2) AIA Hong Kong will arrange the Letter of Guarantee to the hospital, and will hold HK\$5,000 from the designated Union Card Account as hospital deposit until the completion of claim assessment
- 3) Once Claims Department completes the case assessment, if there is any shortfall, a shortfall notification with details will be sent to Policy Owner. 14 days after the issuance of the shortfall notification, AIA Hong Kong will debit the shortfall from the designated Union Card as per the terms and conditions set out in the LOG China Hospital Form.
- 4) A follow-up shortfall reminder notification will be sent if the debit process fails. All further claim reimbursements and Letter of Guarantee arrangements for the Policy Owner/Insured will be temporarily suspended
- 5) Please take note that if the shortfall remains unsettled for more than 3 months, AIA Hong Kong has the right to setoff the shortfall amount against any amount due or payable to the Policy Owner/Insured e.g. death benefit, dividends or return of premium (for whatever reason) to the extent permitted by law.

E) Workflow — Overview



Frequently Asked Questions

1. Why is credit facility service for hospitalisation in China being introduced?

To let our customers enjoy peace of mind during hospitalisation, we are introducing the “hospitalisation cashless arrangement” wherein AIA Hong Kong provides the concerned hospital a Letter of Guarantee (LOG) prior to customer’s hospital admission in China. On behalf of the customer, we will settle the payment with the hospital directly. Upon completion of the Claim assessment, in the event of a shortfall, a shortfall notification with details will be sent to the Policy Owner.

2. Is there a Hotline /simple step-by-step guidelines for reference?

Yes, please refer to the five simple steps for hospitalisation provided in Appendix I, which will give you a brief idea. You are also welcome to contact us or visit corporate website for additional information.

Pre-Admission Customer Toll Free Hotline	PRC	4008-428-009
Service Hours		Monday – Friday 8:45 a.m. to 7:00 p.m. (No available on Saturdays, Sundays and Public Holidays)
PRC Website		Agency Cornor -> Manuals -> PRC Manuals -> 最常用工具 ->国内出院免找数服务-> 国内出院免找数申请表格(只适用于国内客户)
Corporate Website		AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital -> 国内出院免找数申请表格(只适用于国内客户)
iAMP		Agency Corner -> iAgency management Platform -> Sales Tools -> E-Forms -> Claims -> 国内出院免找数申请表格(只适用于国内客户)
Agency Corner		Departments -> Claims -> Forms -> 国内出院免找数申请表格(只适用于国内客户)

3. Which hospitals will accept our LOG in China?

Cashless arrangement will be available at 145 selected hospitals in People Republic of China (please refer to AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital -> List of designated Hospitals for Letter of Guarantee Service in China)

4. Is there a need to submit the LOG China Hospital Form?

LOG China Hospital Form is required for making a LOG application. The LOG China Hospital Form which consists of 3 parts as shown in the Table below, needs to be completed and submitted to ensure a smooth hassle-free application process, facilitate the credit facility arrangement and claim assessment.

Since this is a brand new service being provided to our customers, it is important for you to gain a better understanding by reading through the contents including the Declaration and Authorisation before advising customers or filling the LOG China Hospital Form

Form Part I	Personal Information to be completed by Policy Owner/Insured (patient)
Form Part II	Declaration and Authorisation to be completed by Policy Owner/Insured (patient) i) It is important to read the entire Declaration and Authorisation ii) Points 'c' and 'd' which authorise AIA Hong Kong to hold HK\$5,000 from the designated Union Card Account as hospital deposit until the completion of claim assessment iii) AIA Hong Kong will debit the shortfall if any from the designated Union Card or other policies in the event of insufficient credit
Form Part III	Insured's Medical Information to be completed by Insured/attending physician/surgeon at the Policy Owner/Insured's own expense if any

Note: Please take note that insufficient or incorrect information in the LOG China Hospital Form may delay the Pre-Admission assessment

5. How to submit the LOG China Hospital Form?

Please fill out and return the LOG China Hospital Form to us at least 4 working days prior to admission.

Fax no.: (852) 3118 9083; E-mail: hk.pre-admission@aia.com

6. How long does it take to process the LOG application?

From the date of receipt of the completed LOG China Hospital Form, it takes 4 working days to process the LOG application

7. What happens after the LOG China Hospital Form assessment process?

Once our Claims Department completes the assessment:

- **If approved:**
 - We will inform the Insured via phone and send an SMS with a Case Reference No.
 - We will send the LOG to the respective hospital
 - We will hold HK\$5,000 from the designated Union Card Account as hospital deposit
- **declined:**
 - We will inform the Policy Owner/Insured and provide the reason(s) why the LOG application was declined. Policy Owner/Insured can still follow the existing simple procedure of paying the hospital bill and filing the claim using the Hospitalisation Claim Form

8. What happens upon Insured's discharge from hospital?

Since Insured has provided the LOG China Hospital Form with detailed information prior to admission, no forms need to be filled at the time of discharge from hospital.

On discharge, hospital will send invoice directly to AIA Hong Kong together with Hospitalisation Claim Form Part II. Once Claims completes the claim case assessment, in the event of any shortfall, a shortfall notification will be sent to the Policy Owner 14 days prior to the collection!

9. How can a customer settle the shortfall?

- i) On discharge, hospital will send invoice directly to AIA Hong Kong together with Hospitalisation Claim Form Part II.
- ii) Once Claims Department completes the case assessment, in the event of any shortfall, a shortfall notification with details will be sent to the Policy Owner.
- iii) 14 days after the issuance of the shortfall notification, AIA Hong Kong will debit the shortfall from the designated Union Card as per the terms and conditions set out in the LOG China Hospital Form.
- iv) A follow-up shortfall reminder will be sent if the debit process fails. All further claim reimbursements and LOG arrangements for the Policy Owner/Insured will be temporarily suspended.
- v) If the shortfall debit amount is higher than the Union Card credit limit, customer can send a cheque for direct settlement.

Please take note that if the shortfall remains unsettled for more than 3 months, AIA Hong Kong has the right to setoff the shortfall amount against any amount due or payable to the Policy Owner/Insured e.g. death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason)