

国内客户在国内住院出院免找数服务

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两至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信用卡中扣除。

*详情请参考下列(C)部分有关入院前登记表格及其授权友邦香港从信用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 246 间医院，医院名单请参阅友邦保险网页：

AIA.COM.HK -> 客户支援 -> 医生及医院 -> 搜寻医院 -> 国内出院免找数 -> 国内出院免找数服务医院名单

C) 入院前登记表格及注意事项

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 — 由受保人/保单持有人填写

i) 個人資料



AIA International Limited
 Pre-Admission Enquiry 预先入院登記查詢
 Hong Kong 香港 Macau 澳門
 Hotline 熱線: (852) 2232 8870 (853) 8988 1822
 Fax 傳真: (852) 3118 9083 (853) 2831 5900

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登記表格

PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保單持有人或受保人填寫

Please complete this form and return it to us by fax or e-mail at least 2 - 4 working days prior to admission to hospital. Subject to the eligibility of the Insured (Patient) a "Letter of Guarantee" will be issued by AIA.

請填妥此表格並於入院前最少兩至四個工作天，以傳真或電郵方式遞交。於受保人（病人）符合資格情況下，友邦將為受保人簽發「住院付款保證信」。

Policy Number 保單號碼:		Name of Policy Owner 保單持有人姓名:	
Name of Insured (Patient) 受保人(病人)姓名:		Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份證/護照號碼	
Contact Telephone No. 聯絡電話號碼:		E-mail Address/Fax No. 電郵地址和傳真號碼	
Contact Telephone No. In U.S. 美國聯絡電話號碼:			
<input type="checkbox"/> No. If you do not want AIA to inform your agent about this hospitalization Letter of Guarantee application, please check this box. 如閣下不欲友邦就是次住院付款保證信的申請，通知有關業務代表，請在“否”加上劃號。			
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	TR Member 東亞代表會
Agency Code 營業員組別編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話	<input type="checkbox"/> PISA <input type="checkbox"/>
Are you making any AIA Group Policy application? 有無是次治療，閣下有否向友邦團體保險申請？ If "Yes", please provide the following information: 若“是”，請提供下列資料： Name of AIA Group Policy Employee 友邦團體保險保單員姓名 Group Policy No./Certificate No./Policy No. 團體保險保單號碼/證書號碼/保單號碼			
PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外入院請填寫問題 1 至 5			
1. Date and time of accident 意外日期及時間: _____ 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 因病入院請填寫問題 6 至 8			
6. Give a brief description of symptoms 描述病徵及病狀:			
7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已存在多久?			
8. Give details of consultations 診治詳情			
(a) The doctor first consulted for this illness 首次就診的醫生資料: Date 求診日期: _____			
(b) Name and address of clinic/hospital 醫生/醫院名稱及地址: _____			

第一部分：由受保人/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

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

此部分是由现行医疗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 — 收取差额费用之信用卡授权书

- (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信用卡账户扣除有关差额，如信用额不足或会从投保人/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/投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信用卡中扣除任何相关的金额。若友邦香港因有关信用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/投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/投保人的金额中抵销扣除，包括但不限于任何身故赔偿（法律允许的范围内）、红利或保费退还（不论何种原因）。

- (ii) 授权从指定信用卡收取差额费用，只接受由香港银行发出之 VISA 或 MASTER 信用卡或建设(亚洲)银联双币信用卡
- (iii) 信用卡持卡人必须为有关保单之保单持有人或投保人，或与保单持有人及投保人有直接关系，如配偶*及父母*
*需提供有效的关系证明文件
- (iv) 友邦香港将于指定信用卡保留 5,000 港元或以上的信用额（视乎预计差额之金额而定），直至整个理赔程序完结为止。

Declaration and Authorisation 聲明及授權

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
I / We declare and agree that any personal data and other information relating to me / us or my / our polly(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilised in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for pollyees issued in Hong Kong) or Macau (for pollyees issued in Macau), as the case may be, for the purposes and to the types of transferees as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白 AIA 個人資料收集聲明（「AIA 個人資料收集聲明」）。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據 AIA 個人資料收集聲明收集及使用。本人/我們知悉及同意就 AIA 個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港（如保單在香港發給）或澳門（如保單在澳門發給）境外予 AIA 個人資料收集聲明所載的資料承讓人。
AIA 個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

I/We hereby irrevocably authorise:

- Any organisation, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sort), health, medical history or any treatment or advice, that when requested by an authorised representative of the Company may disclose any such information. This authorisation shall be valid as the original.
- This Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.
- Neither submission of this hospitalisation Pre-Admission Form nor the issuance of Letter of Guarantee by the Company shall be construed as admission of liability on the part of the Company.
- In the event that the Company has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible benefit limit, the Company shall have the right to deduct any of such charges from the credit card as specified below. However, if the Company cannot collect such shortfall due to insufficient credit available in the credit card account or for any other reason whatsoever, the Company 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 the Company of which I/we/the Insured am/are/s 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).

本人/我們茲授權：

- 任何知悉或持有本人/我們/被保人之工作、僱傭紀錄、意外或損失（任何類別）之詳情、健康狀況、病假或任何治療或醫療紀錄及聲/為或將為本人/我們/被保人於治之機構、組織或人士，向貴公司透露有關資料，不論何因，即使本人/我們/被保人死亡或喪失動力，此授權書仍具有法律效力，而本人/我們/被保人之繼承人及轉讓入亦需受此授權書約束。此授權書之正本與副本均屬有效。
- 貴公司或其任何獲認可之醫療醫生或化驗師，對本人/我們/被保人進行所需之醫療評估及測試，並對本人/我們/被保人之健康狀況進行審核及評估。作為處理本申請及其他與之有關的賠償事宜，不論何因。此等化驗費包括，但並不局限於，體溫及有關之血尿驗、精液驗、腎臟肝功血液驗、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其衍產品之含量等化驗。
- 遞交此次入院前登記表格或由貴公司寄發出住院付款保證書均不視作為貴公司承擔有關賠償責任。
- 若貴公司曾為本人/我們/受保人支付任何不在受保範圍內的費用，或支付超出有關保障限額的費用時，貴公司將有權從以下指定的信用卡中扣除任何有關的金額。若貴公司因有關信用卡戶口的信用額不足，或不應任何其他原因以至未能收取該筆金額，貴公司將有權把應收數項從此保單、及/或任何由貴公司簽發並以本人/我們/受保人作為保單持有人或轉讓人的保單所獲支付予本人/我們/受保人的金額中抵銷扣除，包括但不局限於任何身故賠償（法律允許的範圍內）、紅利或保費退還（不論何種原因）。

Signature of the Polly Owner / Trustee 保單持有人 / 僱託人簽署:	Signature of the Insured (parent/guardian if Insured is below 18 years old) 受保人簽署 (若受保人年齡在18歲以下,本申請表格必須由家長簽署):	Date (MM/DD/YYYY) 日期 (月/日/年):
Polly Owner I.D. Card/Passport Number 保單持有人身份證 / 護照號碼:	Insured (Patient) I.D. Card/Passport Number 受保人 (病人) 身份證 / 護照號碼:	

需由受保人及/或保單持有人簽署聲明及授權

Part II — TO BE COMPLETED BY INSURED/CLAIMANT 第二部分 — 由受保人或申請人填寫

Credit Card Authorisation Form for Shortfall Collection 收取差額費用之信用卡授權書

If the amount paid by AIA to the hospital exceeds the eligible claims arising from this hospitalisation, this Form authorises AIA to collect the shortfall amount from the following credit card account. The credit 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 a minimum of HK\$5,000 / MOP\$5,000 (depends on the estimated shortfall amount) from the credit limit of this credit card account until the claim assessment is fully completed. The shortfall notification will be sent to Policy Owner 14 days prior to the collection. (Please note that for Hong Kong Customers, Visa Card, Master Card and CCB (Asia) UnionPay Dual Currency Credit Card are accepted)

如友邦直接向醫院支付的費用超出是次住院就合資格保障應支付的賠償額，此授權書將授權友邦從以下信用卡戶口收取有關差額。信用卡持卡人必須為此保單之保單持有人或受保人，或與保單持有人及受保人有直接關係，如配偶及父母。友邦將於信用卡保留差額5,000元 / 澳門幣5,000元或以上的信用額（視乎預計差額之金額而定），直至整個理賠程序完結為止。友邦將於收取差額費用十四天前發出差額付款通知書通知保單持有人有關差額詳情。（請注意，香港客戶我們會接受 VISA, MASTER 及建設（亞洲）銀聯雙幣信用卡）

Credit Card Authorisation Form 信用卡付款授權書 (this section must be completed 此部分必須填寫)

Cardholder's Name 持卡人姓名:	Cardholder ID Card / Passport Number 持卡人身份證 / 護照號碼: XXXX	Relationship with the Insured / Policy Owner: 與受保人 / 保單持有人關係:
Credit Card Account No. 信用卡號碼:	Credit Card Expiry Date 信用卡到期日: (MM/YY/YY)	
I hereby authorise and direct AIA to debit the outstanding shortfall due from my credit card account 本人授權及指示友邦從本人信用卡戶口扣除到期之差額費用		
Cardholder's Signature 持卡人簽署:	Contact no. 聯絡號碼:	
Date (MM/DD/YYYY) 日期 (月/日/年):		

第二部分 — 由受保人或保單持有人填寫收取差額費用之信用卡授權書

- 持卡人姓名
- 持卡人身份證/護照號碼
- 與受保人/ 保單持有人關係 (如有需要)
- 信用卡號碼
- 信用卡到期日
- 持卡人簽署
- 聯絡號碼

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)

Part III — TO BE COMPLETED BY THE INSURED'S 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/YYYY) 預計入院日期 (月/日/年):	<input type="checkbox"/> Day Care 日間病房 <input type="checkbox"/> OPD 門診
Expected Length of Confinement (number of days) 預計住院日數:	

Medical Condition 醫療詳情

1. Diagnosis and associated signs and symptoms 診斷和相關病徵:

2. Onset date of the symptoms/condition 發病日期: ____/____/____

3. Is the condition recurrent/chronic?
 此情況是否為復發性/慢性?
 Yes 是 No 否

If "Yes", onset date of the first episode:
 如 "是", 首次發病日期
 ____/____/____ (MM/DD/YYYY)
 (月/日/年)

4(a) Were the treatment(s), the medication(s) directly related to current diagnosis?
 是次檢查、治療及住院日數 (如適用) 是否直接與現時診斷有關?
 Yes 是 No 不是
 If No, please give details. 若不是, 請詳述之。

Please answer the following questions if the insured requires hospitalization:
 若受保人需要住院, 請回答以下問題:
 4(b) Can the treatment and the medical test(s) be managed under an out-patient setting instead?
 是次檢查及治療可否在門診處理, 而無須在醫院進行?
 Yes 可以 No 不可以
 If "Yes", why was the patient admitted to hospital?
 若可以在門診處理, 請說明病人住院的原因。
 If "No", please give details. 若不能在門診處理, 請詳述之。

5. Is illness/injury related to the following condition 此疾病 / 受傷是否由以下情況引起:
 a) Congenital anomaly 先天性異常 Yes 是 No 否
 b) Psychiatric condition 精神病 Yes 是 No 否
 c) Influence of alcohol, drug or intoxicant 酒精藥物或麻醉劑影響 Yes 是 No 否
 d) Obesity, weight control 肥胖, 體重控制 Yes 是 No 否
 e) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產 Yes 是 No 否

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)

- 住院詳情
- 醫療詳情
- 治療詳情
- 醫生數據和簽名

PA 03/017

Treatment Detail 治療詳情

<p>6. Medical / Surgical Procedure required 建議之醫療/手術程序</p> <p>Are the equipment(s) for the procedure available only in hospital? If "No", please give details. 該手術所需的設備是否僅在醫院可有? 若不可以, 請詳述之。</p> <p>Can the procedure be done on an outpatient basis? If "No", please give details. 該手術可否在門診進行? 若不可以, 請詳述之。</p> <p>Estimated Surgeon Fee charges 預計外科手術費:</p> <p>Estimated Ward Round Fee 預計巡房費:</p>	
<p>Anaesthesia 麻醉:</p> <p><input type="checkbox"/> General 全身麻醉</p> <p><input type="checkbox"/> Local 局部麻醉</p> <p><input type="checkbox"/> Monitored anaesthesia care 監護麻醉管理 (For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監護麻醉下進行, 請註明住院原因。)</p>	<p>Estimated Anaesthesia fee charges 預計麻醉費:</p>
<p>7. Please list out any Lab tests / imaging / other diagnostic investigations required for this hospitalization and reasons for the same. 建議之化驗/影像檢查/其他診斷性檢查及接受該等檢查的原因。</p> <p>Are the investigations available only in hospital? If "No", please give details. 該等檢查是否僅在醫院可有? 若不可以, 請詳述之。</p> <p>Can the medical test(s) and the procedure be done on an outpatient basis/at day surgery centre? 該檢查及手術可否在門診 / 日間手術中心進行?</p> <p>Estimated Hospital Expenses Charges 預計醫院費用:</p>	
<p>8. Please list out the medication to be used during this confinement if applicable. 請詳列是次住院所用之藥物, 如適用。</p>	
<p>9. Estimated total fee for this confinement 預計是次住院總費用:</p>	
<p>10. Please indicate the clinical risk(s) and medical reason(s) for hospitalization: 請註明臨床風險及須留院的醫療原因:</p> <p><input type="checkbox"/> Current Health Status (Co-morbidity): 現時健康狀況(合併症): Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Expected higher risk at operation: 預期較高手術風險: Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Expected higher post-operative risk: 預期較高手術後風險: Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Others, please specify the reason for admission and hospitalization: 其他, 請註明必須入院及留院的原因: _____</p>	

PA 032017

Treatment Details 治療詳情

11. Is it a case of emergency? 這是否緊急個案?

Yes 是 No 否

If yes, please specify. 如是, 請明確說明。

Doctor's Information 醫生資料

Doctor's name 醫生姓名:	I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實。 Signature of Doctor and Chop 醫生簽署及印章:
Contact no. 聯絡號碼:	
Fax no. 傳真號碼:	
	Date 日期: (MM/DD/YYYY 月/日/年)

Footnote: "We", "us", "our", "AIA" or the "Company" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
備註: 「我們」、「AIA」、「本公司」或是指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)。

PA 030017

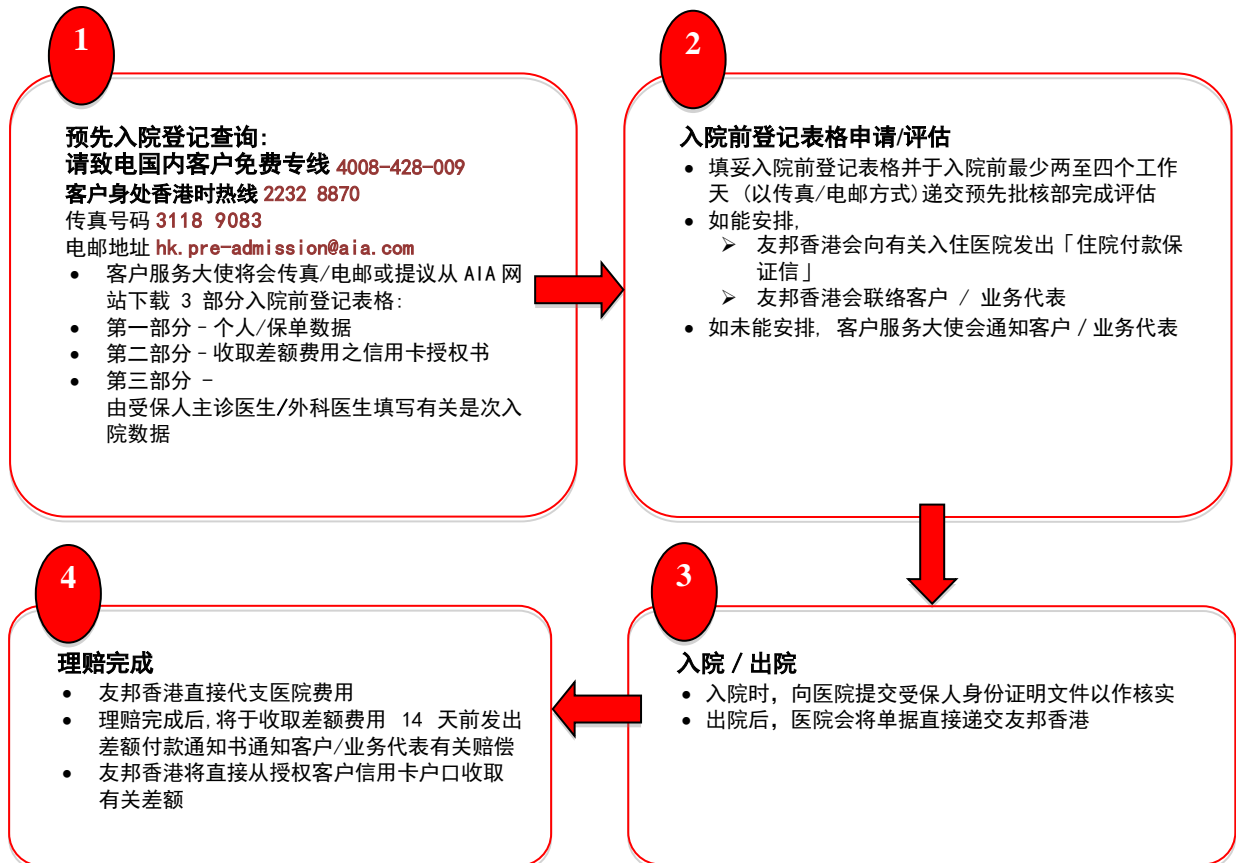
請注意:

- 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) 因填写入院前登记表格和医疗赔偿表格第二部分, 如由主诊医生/外科医生收取费用, 需由客户承担
- 3) 预先批核部完成评估后, 友邦香港会致电或透过电话短讯通知客户有关结果, 同时, 友邦香港会向有关入住医院发出「住院付款保证信」
- 4) 友邦香港将于指定信用卡保留5,000港元或以上的信用额(视乎预计差额之金额而定), 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信用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」，随即从指定信用卡保留5,000港元或以上的信用额（视乎预计差额之金额而定），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，直接从指定信用卡中扣除有关差额，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，请参考第一页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 星期六上午 9 时正至下午 1 时正 (星期日及公众假期休息)
非港澳居民投保 资料专页	营业员专页 -> 指南 -> 非港澳居民投保数据专页 (MCV Business Manuals) -> 最常用工具 -> 国内医院出院免找数服务
公司网页	AIA.COM.HK -> 客户支持 -> 医生及医院 -> 搜寻医院 -> 国内出院免找数 -> 入院前登记表格
营业员专页	部门信息 -> 营运部 -> Claims -> Forms -> eMasterlist -> Pre-Admission Form and Easy Guide 2016

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 -> 客户支持 -> 医生及医院 -> 搜寻医院 -> 国内出院免找数 -> 国内出院免找数服务医院名单

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，入院前登记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：

客户须先填写入院前登记表格，公司预先批核部评估后才可发出有关「住院付款保证信」。入院前登记表格分为三部分，请参考下表。
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 / 投保人（病人）填写个人及保单资料
第二部分	由保单持有人 / 投保人（病人）填写授权： i) 请细读免责声明 a - d 项 ii) 特别 'c' 及 'd' 项授权可从客户信用卡帐户保留 5,000 港元或以上的信用额（视乎预计差额之金额而定），直至整个理赔程序完结为止 iii) 如有差额时，亦授权公司从客户信用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	由投保人主诊医生/外科医生填写有关投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，并于入院前最少两至四个工作天，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，需要两至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？

预先批核部完成评估后：

- **如能安排：**
 - 公司会联络保单持有人及/或业务代表，并透过手提电话发送短信
 - 向有关入住医院发出「住院付款保证信」
 - 公司将客户授权信用卡中保留 5,000 港元或以上的信用额（视乎预计差额之金额而定）
- **如未能安排：**
 - 公司会通知保单持有人及/或业务代表，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，然后填写医疗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？

由于保单持有人及投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医疗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信用卡扣除有关差额

9. 客户如何处理差额费用？

- i) 出院后，医院会直接将单据及医疗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信用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，客户可选择直接以现金、支票或电子渠道缴付费用

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

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 2 to 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 Credit Card

***For details on the Pre-admission Form, Credit Card Authorisation and shortfall collection, please refer to below section 'C' below!**

B) List of Available Hospitals

Cashless arrangement will be available at 246 designated hospitals in mainland China. The hospital list for the Letter of Guarantee Service for China Hospital can be located at AIA corporate website: AIA.COM.HK -> Help & Support -> Doctors and Hospitals -> Find A Hospital -> Cashless Hospitalisation in Mainland China -> List of LOG Hospitals in mainland China

C) Pre-admission Form and Points to Take

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 Pre-admission Form:

Part I: Personal Information

i) Identity Information: Personal Information



AIA International Limited
 Pre-Admission Enquiry 預先入院登記查詢
 Hong Kong 香港 Macau 澳門
 Hotline 熱線: (852) 2232 8870 (853) 8988 1822
 Fax 傳真: (852) 3118 3083 (853) 2831 5900

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登記表格

PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保單持有人或受保人填寫

Please complete this form and return it to us by fax or e-mail at least 2 - 4 working days prior to admission to hospital. Subject to the eligibility of the Insured (Patient) a "Letter of Guarantee" will be issued by AIA.

請填妥此表格並於入院前最少兩至四個工作天，以傳真或電郵方式遞交。於受保人（病人）符合資格情況下，友邦將為受保人寄發「住院付款保證書」。

Policy Number 保單號碼:		Name of Policy Owner 保單持有人姓名:	
Name of Insured (Patient) 受保人(病人) 姓名:		Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份證/護照號碼	
Contact Telephone No. 聯絡電話號碼:		E-mail Address/Fax No. 電郵地址和傳真號碼:	
Contact Telephone No. In U.S. 美國聯絡電話號碼:			
<input type="checkbox"/> If you do not want AIA to inform your agent about this hospitalization Letter of Guarantee application, please tick "No". 如閣下不欲友邦就是次住院付款保證書的申請, 通知有關業務代表, 請在 "否" 加上副號。			
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	TR Membership No. 東亞代表會員號碼 <input type="checkbox"/> PIRA <input type="checkbox"/> CIB
Agency Code 營業員組別編號	Agency Name 營業員名稱	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話	
Are you making any AIA Group Policy or other insurance arrangement for this insured? 有關是次治療, 閣下是否有向友邦團體保單或其他保險公司投保? If "Yes", please provide the following information: Name of AIA Group Policy Employer/Other Insurer 友邦團體保單僱主/其他保險公司名稱 Group Policy No./Certificate No./Policy No./Member No. 團體保單號碼/證書號碼/保單號碼/會員號碼			
PLEASE COMPLETE QUESTIONS 1 TO 6 IF HOSPITALISATION WAS DUE TO ACCIDENT 請填妥問題 1 至 6 如住院係因意外			
1. Date and time of accident 意外日期及時間:			
2. Where and how did the accident happen 意外地點及發生經過:			
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 7 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 請填妥問題 7 至 8 如入院係因疾病			
8. Give a brief description of symptoms 描述病徵及病狀:			
7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已有多少天?			
8. Give details of consultations 診治詳情			
(a) The doctor first consulted for this illness 首次就診的醫生資料: Date 求診日期:			
(b) Name and address of clinic/hospital 醫生/醫院名稱及地址:			

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

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.

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: Credit 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 Credit 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 credit 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) Credit Card Authorisation Form for Shortfall Collection (only accept Visa or Master Credit Card issued by bank in Hong Kong and CCB (Asia) UnionPay Dual Currency Credit Card)
- iii) The Credit 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*
*need provide valid relationship proof
- iv) AIA Hong Kong will hold a minimum of HK\$5,000 (depends on the estimated shortfall amount) from the credit limit of designated credit card account until the completion of claim assessment

Declaration and Authorisation 聲明及授權

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
 I / We declare and agree that any personal data and other information relating to me / us or my / our polly(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilised in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for polly(ies) issued in Hong Kong) or Maau (for polly(ies) issued in Maau), as the case may be, for the purposes and to the type of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白 AIA 個人資料收集聲明(「AIA 個人資料收集聲明」)。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料,可根據 AIA 個人資料收集聲明收集及使用。本人/我們知悉及同意就 AIA 個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港(如保單在香港發)或澳門(如保單在澳門發)境外予 AIA 個人資料收集聲明所載的資料承讓人。
 AIA 個人資料收集聲明的最新版本可於以下網址下載: www.aia.com.hk, 及可向貴公司索取。

I/We hereby irrevocably authorise:

a. Any organisation, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sort), health, medical history or any treatment or advice, that when requested by an authorised representative of the Company may disclose any such information. This authorisation shall be valid as the original.

b. This Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

c. Neither submission of this hospitalisation Pre-Admission Form nor the issuance of Letter of Guarantee by the Company shall be construed as admission of liability on the part of the Company.

d. In the event that the Company has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible to deduct any of such charges from the credit card as specified below. However, if the Company cannot collect such shortfall account or for any other reason whatsoever, the Company shall have the right to set off the shortfall amounts against from this Policy and/or any policy issued by the Company of which I/we/the Insured am/are/is the owner(s) or trustee(s) in extent it is permissible by law, dividends or return of premium (for whatever reason).

本人/我們授權:

a. 任何知悉或持有本人/我們/被保人之工作、病假紀錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或詳情、紀錄或人士,向貴公司透露有關資料,不構障礙,即使本人/我們/被保人死亡或喪失能力,此授權書仍具有法律效。若此授權書的來,此授權書之正本與副本均屬有效。

b. 貴公司或任何其認可之驗身醫生或化驗所,對本人/我們/被保人進行所需之醫療評估及測試,並對本人/我們/被保人之健康與之有關的賠償事宜,不構障礙。此等化驗會包括,但並不局限於,糖尿病及有關之血脂肪、糖漿病、腎或肝功虧失常、愛滋病內藥物、毒品、尼古丁及其代謝產物之含量等化驗。

c. 遞交此入院前登記表格或由貴公司寄發出住院付款保證書均不構礙為貴公司承擔有關賠償責任。

d. 若貴公司曾為本人/我們/受保人支付任何不在受保範圍內的費用,或支付超出有關保單限額的費用時,貴公司將有權從以下指定的信用卡中扣除任何相關的金額。若貴公司因有關信用卡戶口的預用額不足,或不應任何其他原因以至未能收取該筆款項,貴公司將有權把應收款項從此保單,及/或任何由貴公司寄發並以本人/我們/受保人作為保單持有人或保單託人的保單所獲支付予本人/我們/受保人的金額中抵銷扣除,包括但不限於任何身故賠償(法

Declaration and Authorisation has to be signed by Insured and/or Policy Owner

Signature of the Policy Owner / Trustee 保單持有人 / 保單託人簽署:	Signature of the Insured (parent/guardian) 受保人簽署 (若受保人年齡在18歲以下):
Policy Owner I.D. Card/Passport Number 保單持有人身份證/護照號碼:	Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份證/護照號碼:

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

- Cardholder's Name
- Cardholder's HKID Card No.
- Relationship with the Insured / Policy Owner (if applicable)
- * need provide valid relationship proof if the cardholder is in direct relationship with Policy Owner and Insured- Credit Card Account No.
- Credit Card Expiry Date
- Cardholder Signature
- Contact No.

Part II — TO BE COMPLETED BY INSURED/CLAIMANT 第二部分 — 由受保人或申請人填寫

Credit Card Authorisation Form for Shortfall Collection 收取差額費用之信用卡授權書

If the amount paid by AIA to the hospital exceeds the eligible claims arising from this hospital amount from the following credit card account. The credit card holder must be the Policy Owner and the Insured e.g. spouse and parent. AIA will hold a minimum of HK\$5,000 from the credit limit of this credit card account until the claim assessment is fully completed, 30 days prior to the collection. (Please note that for Hong Kong Customers, Visa Card, Master Card are accepted)

如友邦直接向醫院支付的費用超出是次住院就合資格保單應支付的賠償額,此授權書將授權友邦從此保單之保單持有人或受保人,或與保單持有人及受保人有直接關係,如配偶及父母。友邦將於(視乎預計差額之金額而定),直至整個理賠程序完結為止。友邦將於收取差額費用十四天前通知(請注意,香港客戶我們接受 VISA, MASTER 及建銀(亞洲)銀聯雙幣信用卡)

Credit Card Authorisation Form 信用卡付款授權書 (this section must be completed 此部分必須填寫)

Cardholder's Name 持卡人姓名:	Cardholder ID Card / Passport Number 持卡人身份證 / 護照號碼: XXXX	Relationship with the Insured / Policy Owner 與受保人 / 保單持有人關係:
Credit Card Account No. 信用卡號碼:	Credit Card Expiry Date 信用卡到期日: (MM/YY/YY年)	
I hereby authorize and direct AIA to debit the outstanding shortfall due from my credit card account 本人授權及指示友邦從本人信用卡戶口扣除到期之差額費用		
Cardholder's Signature 持卡人簽署:	Contact no. 聯絡號碼:	
Date (MM/DD/YYYY) 日期(月/日/年):		

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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'S 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,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/YYYY) 預計入院日期(月/日/年):		<input type="checkbox"/> Day Care 日間病房 <input type="checkbox"/> OPD 門診	
Expected Length of Confinement (number of days) 預計住院日數:			
Medical Condition 醫療詳情			
1. Diagnostic and associated signs and symptoms 診斷和相關病徵:			
2. Onset date of the symptoms/condition 發病日期: _____/_____/_____ (MM/DD/YYYY 月/日/年)		4(a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to current diagnosis all medically necessary and recommended by you? 是次檢查、治療及住院日數(如有)是否和上述診斷有直接關係而且是醫療所需及由醫生建議? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是 If No, please give details. 若不是,請詳述之。	
3. 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 If "Yes", onset date of the first episode: 如 "是", 首次發病日期為 _____/_____/_____ (MM/DD/YYYY) (月/日/年)		Please answer the following questions if the insured requires hospitalization: 若受保人需要住院,請回答以下問題: 4(b) Can the treatment and the medical test(s) be managed under an out-patient setting instead? 是次檢查及治療可否在門診處理,而無須在醫院進行? <input type="checkbox"/> Yes 可以 <input type="checkbox"/> No 不可以 If "Yes", why was the patient admitted to hospital? 若可以在門診處理,請說明病人住院的原因。 If "No", please give details. 若不可以門診處理,請詳述之。	
6. Is illness/injury related to the following condition 此疾病/受傷是否由以下情況引起:			
a) Congenital anomaly 先天性異常		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
b) Psychiatric condition 精神病		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
c) 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	
d) Obesity, weight control 肥胖, 體重控制		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
e) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

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

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

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Treatment Detail 治療詳情

<p>6. Medical / Surgical Procedure required 建議之醫療/手術程序</p> <p>Are the equipment(s) for the procedure available only in hospital? If "No", please give details. 該手術所需的設備是否僅在醫院可有? 若不可以, 請詳述之。</p> <p>Can the procedure be done on an outpatient basis? If "No", please give details. 該手術可否在門診進行? 若不可以, 請詳述之。</p> <p>Estimated Surgeon Fee charges 預計外科手術費:</p> <p>Estimated Ward Round Fee 預計巡房費:</p>	
<p>Anaesthesia 麻醉:</p> <p><input type="checkbox"/> General 全身麻醉</p> <p><input type="checkbox"/> Local 局部麻醉</p> <p><input type="checkbox"/> Monitored anaesthesia care 監護麻醉管理 (For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監護麻醉下進行, 請註明住院原因。)</p>	<p>Estimated Anaesthesia fee charges 預計麻醉費:</p>
<p>7. Please list out any Lab tests / imaging / other diagnostic investigations required for this hospitalization and reasons for the same. 建議之化驗/影像檢查/其他診斷性檢查及接受該等檢查的原因。</p> <p>Are the investigations available only in hospital? If "No", please give details. 該等檢查是否僅在醫院可有? 若不可以, 請詳述之。</p> <p>Can the medical test(s) and the procedure be done on an outpatient basis/at day surgery centre? 該檢查及手術可否在門診 / 日間手術中心進行?</p> <p>Estimated Hospital Expenses Charges 預計醫院費用:</p>	
<p>8. Please list out the medication to be used during this confinement if applicable. 請詳列是次住院所用之藥物, 如適用。</p>	
<p>9. Estimated total fee for this confinement 預計是次住院總費用:</p>	
<p>10. Please indicate the clinical risk(s) and medical reason(s) for hospitalization: 請註明臨床風險及須留院的醫療原因:</p> <p><input type="checkbox"/> Current Health Status (Co-morbidity): 現時健康狀況(合併症): Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Expected higher risk at operation: 預期較高手術風險: Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Expected higher post-operative risk: 預期較高手術後風險: Please specify: 請明確說明: _____</p> <p><input type="checkbox"/> Others, please specify the reason for admission and hospitalization: 其他, 請註明必須入院及留院的原因: _____</p>	

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Treatment Details 治療詳情

11. Is it a case of emergency? 這是否緊急個案?

Yes 是 No 否

If yes, please specify. 如是, 請明確說明。

Doctor's Information 醫生資料

Doctor's name 醫生姓名:	I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實。
Contact no. 聯絡號碼:	Signature of Doctor and Chop 醫生簽署及印章:
Fax no. 傳真號碼:	Date 日期: (MM/DD/YYYY 月/日/年)

Footnote: "We", "us", "our", "AIA" or the "Company" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
備註: 「我們」、「AIA」、「本公司」或是指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)。

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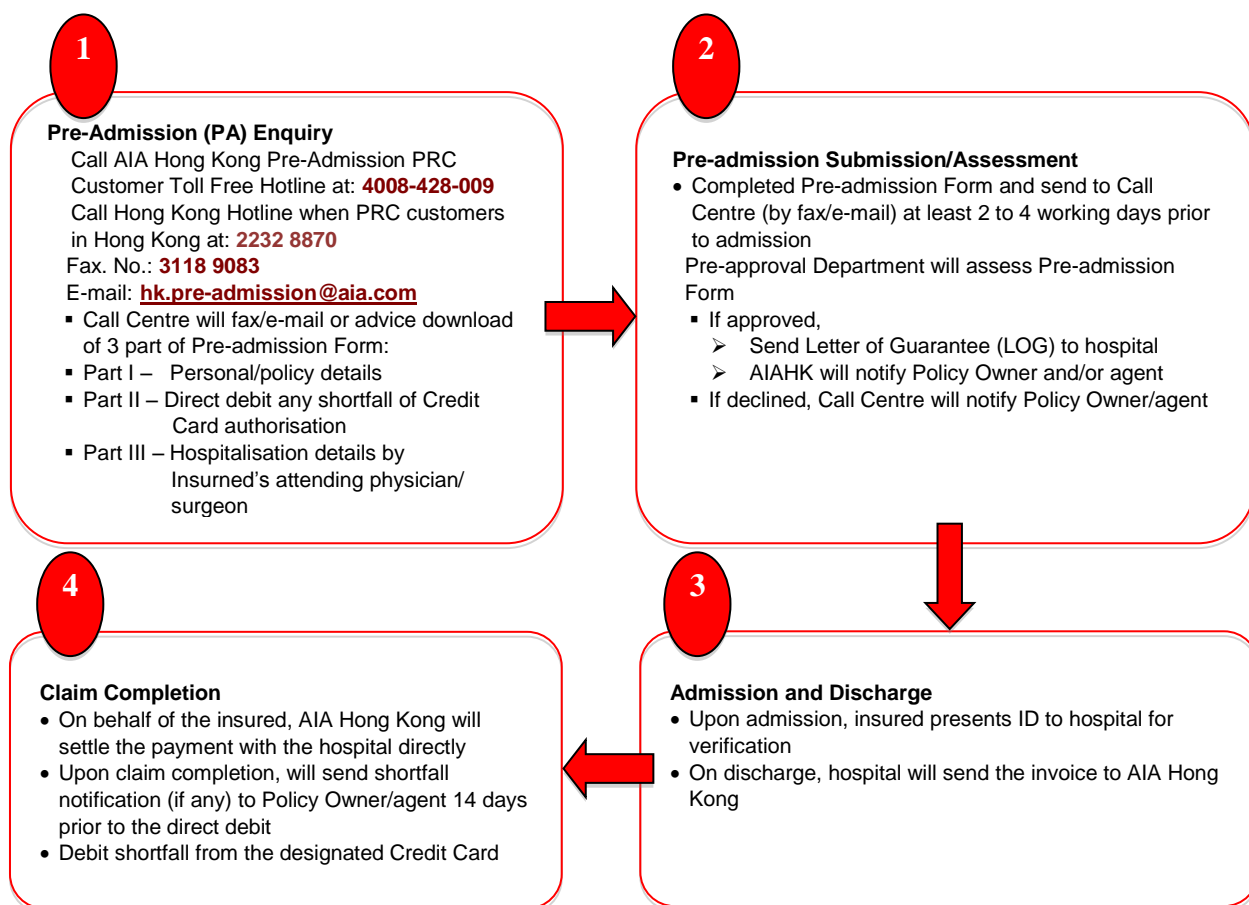
Note:

- 1) Please take note that insufficient or incorrect information in the Pre-admission 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 Pre-admission Form and/or the Claim Form Part II upon discharge from hospital
- 3) Once our Pre-approval Department completes the assessment, we will inform the Policy Owner via phone and SMS. The Letter of Guarantee will be sent to the respective hospital
- 4) AIA Hong Kong will hold a minimum of HK\$5,000 (depends on the estimated shortfall amount) from the credit limit of designated Credit Card Account
- 5) If permitted by the Policy Owner/Insured in the Pre-admission Form, we will also inform the agent by phone

D) Shortfall Collection

- 1) Credit Card authorisation must be signed by the Policy Owner/Insured in the Pre-admission 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 a minimum of HK\$5,000 (depends on the estimated shortfall amount) from the credit limit of designated Credit Card Account 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 Credit Card as per the terms and conditions set out in the Pre-admission 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 and simple step-by-step guidelines for reference?

Yes, please refer to the five simple steps for hospitalisation provided in page 1, which will give you a brief idea. You are also welcome to contact us or visit corporate website for additional information.

Pre-Admission PRC Customer Toll Free Hotline	4008-428-009
Service Hours	Monday – Friday 8:45 a.m. to 7:00 p.m. Saturday 9:00 a.m. to 1:00 p.m. (Not available on Sundays and Public Holidays)
PRC Website	eAgency Corner -> Manuals -> MCV Business Manuals -> Useful tools -> Cashless Hospitalisation in Mainland China
Corporate Website	AIA.COM.HK -> Help & Support -> Doctors and Hospitals -> Find A Hospital -> Cashless Hospitalisation in Mainland China -> List of LOG Hospitals in mainland China
Agency Corner	Departments -> Claims -> Forms -> eMasterlist -> Pre-Admission Form and Easy Guide 2016

3. Which hospitals will accept our LOG in China?

Cashless arrangement will be available at 246 selected hospitals in People Republic of China (please refer to AIA.COM.HK -> Help & Support -> Doctors and Hospital -> Find A Hospital -> Cashless Hospitalisation in Mainland China -> List of LOG Hospitals in mainland China)

4. Is there a need to submit the Pre-admission Form?

Pre-admission Form is required for making a LOG application. The Pre-admission Form consists 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. 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 Pre-admission 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 a minimum of HK\$5,000 (depends on the estimated shortfall amount) from the credit limit of designated Credit Card Account until the completion of claim assessment iii) AIA Hong Kong will debit the shortfall if any from the designated Credit Card or other policies in the event of insufficient credit
Form Part III	Insured's Medical Information to be completed by Insured's attending physician/surgeon at the Policy Owner/Insured's own expense if any

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

5. How to submit the Pre-admission Form?

Please fill out and return the Pre-admission Form to us at least 2 to 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 Pre-admission Form, it takes 2 to 4 working days to process the LOG application

7. What happens after the Pre-admission Form assessment process?

Once our Pre-approval Department completes the assessment:

- **If approved:**
 - We will inform the Policy Owner via phone and send an SMS
 - We will send the LOG to the respective hospital
 - We will hold a minimum of HK\$5,000 (depends on the estimated shortfall amount) from the credit limit of designated Credit Card Account
- **If declined:**
 - We will inform the Policy Owner and/or agent to 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 Medical Claim Form

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

Since Insured has provided the Pre-admission 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 Medical 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 Medical 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 Credit Card as per the terms and conditions set out in the Pre-admission 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 Credit Card credit limit, customer can settle by cash, cheque or electronic payments 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)