

香港客戶在國內住院出院免找數服務

A) 出院免找數服務

友邦香港重視優質服務，為了回應客戶需求，我們特別廣展「出院免找數服務」到入住國內醫院，讓客戶在住院期間安心接受治療！

以下為出院免找數服務簡易五步驟：

步驟	化繁為簡，一站式簡易申請出院免找數服務，令客戶入住國內醫院期間安心又放心
1	請致電友邦香港預先入院登記查詢熱線 2232 8870 ，或客戶身處國內時免費熱線 4008-428-009 查詢詳情及索取申請表格（客戶電話需有國際長途功能才能打通）
2	請填妥入院前登記表格並於入院前最少兩至四個工作天交回給我們 傳真號碼： (852) 3118 9083 ；電郵： hk.pre-admission@aia.com
3	友邦香港會向有關入住國內醫院發出「住院付款保證信」
4	入院時，請向醫院提交受保人之身份證明文件以作核實
5	出院後，醫院會將單據直接遞交給我們，理賠完成後，如有差額情況出現，公司將專函保單持有人，按入院前登記表格所註之條款及細則，於發信日十四天後直接從信用卡中扣除。

*詳情請參考下列(C)部分有關入院前登記表格及其授權友邦香港從信用卡帳戶收取差額條款

B) 適用醫院

入住醫院掛帳服務可以安排在中華人民共和國境內之指定 246 間醫院，醫院名單請參閱友邦保險網頁：

AIA.COM.HK -> 客戶支援 -> 醫生及醫院 -> 搜尋醫院 -> 國內出院免找數 -> 國內出院免找數服務醫院名單

C) 入院前登記表格及注意事項

在向客戶推介此服務前，請務必全面細讀申請表內容和免責聲明。

第一部分 — 由受保人/保單持有人填寫

i) 個人資料



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 8670 (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 <input type="checkbox"/> Yes If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No". 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 業務代表會員 <input type="checkbox"/> PBA <input type="checkbox"/>
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 經紀姓名	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話	
Are you making any AIA Group Policy insurance or compensation claim as a result of this treatment? 有關是次治療，閣下是否向友邦保險公司/機構提出任何賠償或補償申請？ Yes 是 <input type="checkbox"/> No 否			
Name of AIA Group Policy 友邦保險公司/機構名稱:		Group Policy No. 友邦保險公司/機構名稱:	
PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 填寫問題 1 至 5			
1. Date and time of accident 日期及時間			
2. Where and how the accident occurred 意外發生地點及經過			
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			
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/保單持有人填寫
 - 保單持有人姓名及保單號碼
 - 受保人(病人)姓名及身份證 / 護照號碼 *
 - 聯絡電話號碼 / 電郵地址 / 傳真號碼
 * 請填報辦理入院手續時之身份證明

請注意：
 基於申請/批核的過程中牽涉很多個人資料，故公司
 提供選擇予客戶，可以選擇不欲友邦香港就是次
 「住院付款保證信」的申請，通知有關業務代表

由受保人(病人) 提供有關資料：
 於申請時填寫，可以減少出醫院延誤
 此部分是由現行醫療賠償申請書第一部分摘要而成：
 - 因意外受傷入院請填寫 1 至 5 題
 - 因病入院請填寫 6 至 8 題

第二部分 — 收取差額費用之信用卡授權書

(i) 請細讀聲明，特別「c」及「d」項授權友邦香港可從入院前登記表格中指定信用卡帳戶扣除有關差額，如信用額不足或會從受保人/保單持有人有關保單所獲收取金額中抵銷扣除。

- c. 遞交此次入院前登記表格或由友邦香港簽發出住院付款保證信均不能理解為友邦香港承擔有關賠償責任。
- d. 若友邦香港曾為本人/我們/受保人支付任何不在受保障範圍內的費用，或支付超出有關保障限額的費用時，友邦香港將有權從以下指定的信用卡中扣除任何相關的金額。若友邦香港因有關銀信用戶口的信用額不足，或不論任何其他原因以至未能收取該筆差額，友邦香港將有權把應收款項從此保單，及/或任何由友邦香港簽發並以本人/我們/受保人作為保單持有人或信托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(法律允許的範圍內)、紅利或保費退還(不論何種原因)。

(ii) 授權從指定信用卡收取差額費用，只接受香港銀行發出之VISA 或 MASTER信用卡或建設(亞洲)銀聯雙幣信用卡

(iii) 信用卡持卡人必須為有關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

(iv) 友邦香港將於指定信用卡保留5,000港元或以上的信用額(視乎預計差額之金額而定)，直至整個理賠程序完結為止。

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 Macau (for polly(ies) issued in Macau), as the case may be, for the purposes and to the types 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/我們謹此聲明/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 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:

a. 任何知悉或持有本人/我們/保單人之工作、病假紀錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢紀錄及聲/為或將為本人/我們/保單人於治之詳情、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/保單人死亡或喪失動力,此授權書仍具有法律效力,而本人/我們/保單人之繼承人及轉讓入亦會受此授權書約束。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師,對本人/我們/保單人進行所需之醫療評估及測試,並對本人/我們/保單人之健康狀況進行審核及評估。作為處理本申請及其後與之有關的賠償事宜,不構障礙。此等化驗費包括,但並不局限於,體溫測試及有關之血庫、藥劑、腎臟功能測試、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、尼古丁及其他產品之含量等化驗。

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視作為貴公司承擔有關賠償責任。

d. 若貴公司曾為本人/我們/保單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相關的金額。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款項從此保單,及/或任何由貴公司簽發並以本人/我們/保單人作為保單持有人或轉讓人的保單所獲支付予本人/我們/保單人的金額中抵銷扣除,包括但不限於任何身故賠償(法律允許的範圍內)、紅利或保費退還(不論何種原因)。

Signature of the Policy Owner / Trustee 保單持有人 / 信託人簽署:	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):
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:	

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港幣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):		

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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 日間留院 <input type="checkbox"/> OPD 門診
Expected Length of Confinement (number of days) 預計住院日數:	

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
- 醫生資料和簽名

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: ____/____/____ (MM/DD/YYYY 月/日/年)

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 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?
 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

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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>	

PA 032017

Treatment Details 治療詳情

11. Is it a case of emergency? 這是否緊急個案? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please specify. 如是, 請明確說明。 <hr/>
--

Doctor's Information 醫生資料

Doctor's name 醫生姓名: Contact no. 聯絡號碼: Fax no. 傳真號碼:	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 醫生簽名及印章: Date 日期: (MM/DD/YYYY 月/日/年)
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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

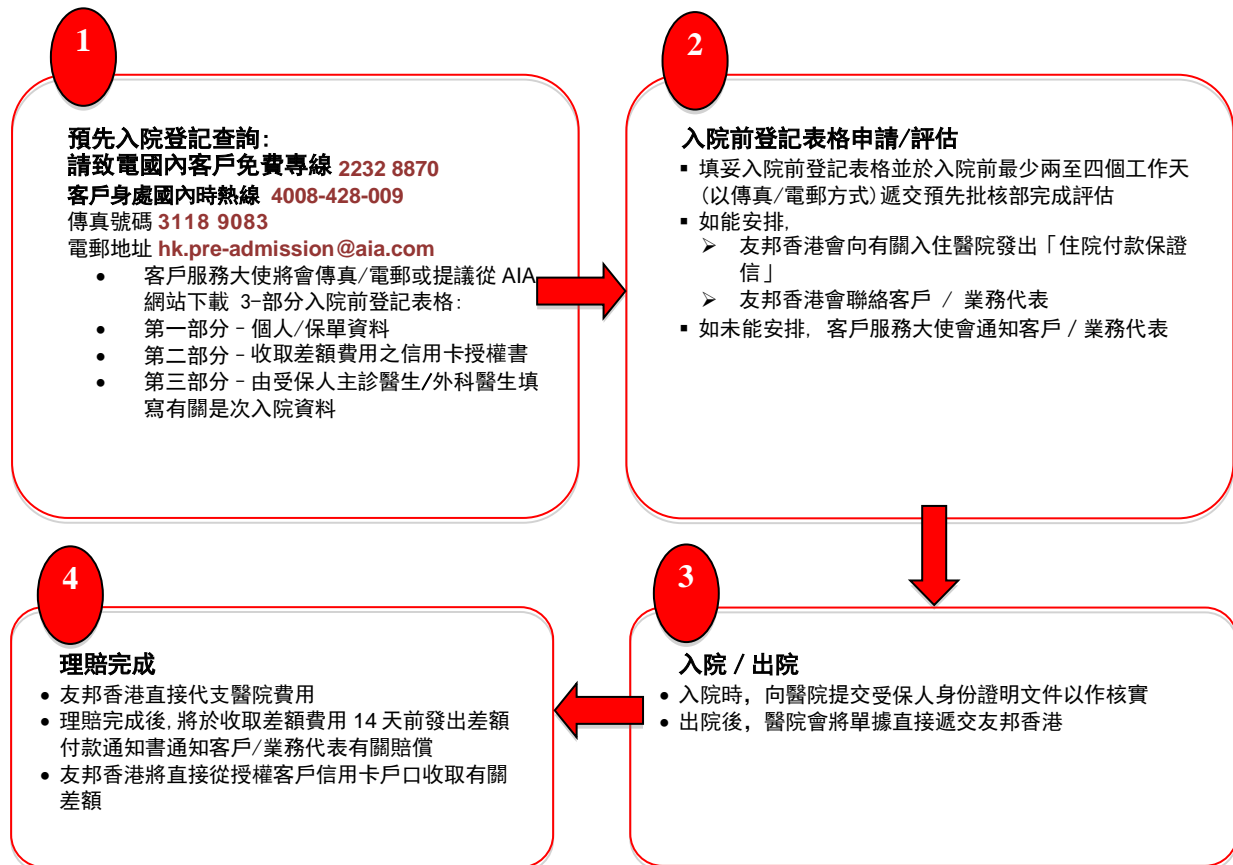
請注意:

- 1) 資料不足或資料不正確可能會延誤入住醫院掛帳服務申請
- 2) 因填寫入院前登記表格和醫療賠償表格第二部分, 如由主診醫生/外科醫生收取費用, 需由客戶承擔
- 3) 預先批核部完成評估後, 友邦香港會致電或透過電話短訊通知客戶有關結果, 同時, 友邦香港會向有關入住醫院發出「住院付款保證信」
- 4) 友邦香港將於指定信用卡保留5,000港元或以上的信用額(視乎預計差額之金額而定), 直至整個理賠程序完結為止
- 5) 友邦香港會根據客戶於入院前登記表格上的指示, 致電通知有關業務代表就是次「住院付款保證信」的申請結果

D) 繳付差額

- 1) 保單持有人或受保人於入院前登記表格之信用卡授權書部分授權友邦香港收取差額
- 2) 友邦香港會向客戶入住之醫院發出「住院付款保證信」，隨即從指定信用卡保留5,000港元或以上的信用額（視乎預計差額之金額而定），直至整個理賠程序完結為止
- 3) 理賠完成後，如有任何差額，友邦香港將發出差額付款通知書予保單持有人，通知有關差額詳情
- 4) 於差額付款通知書發出十四天後，友邦香港將按入院前登記表格所註之條款及細則，直接從指定信用卡中扣除有關差額，如未能成功扣取有關差額，友邦香港會發出逾期繳款通知書，並會暫停有關保單持有人及受保人之出院免找數服務及其他索償申請
- 5) 倘若有關未結算差額費長達三個月，友邦香港將有權從保單持有人及受保人獲支付的金額中抵銷扣除，包括但不限於任何身故賠償（於法律允許的範圍內）、紅利或保費退還等

E) 流程一覽表



常見問題

1. 為何推出「國內住院出院免找數服務」？

友邦香港重視優質服務，為了回應客戶需求，我們特別推出「國內住院出院免找數服務」，讓客戶在住院期間安心接受治療！公司會向客戶入住之醫院發出「住院付款保證信」，客戶出院後，醫院會將單據直接遞交公司，理賠完成後，如有差額會發出差額付款通知書通知有關賠償詳情。

2. 可否提供查詢熱線及簡易步驟作參考？

可以，請參考第一頁簡易五步驟及歡迎於辦公時間致電預先入院登記查詢或登入公司網頁：

香港客戶預先入院登記 查詢熱線	(852) 2232 8870
辦公時間	星期一至五上午 8 時 45 分至晚上 7 時正 星期六上午 9 時正至下午 1 時正 (星期日及公眾假期休息)
非港澳居民投保 資料專頁	營業員專頁 -> 指南 -> 非港澳居民投保資料專頁 (MCV Business Manuals) -> 最常用工具 -> 國內醫院出院免找數服務
公司網頁	AIA.COM.HK -> 客戶支援 -> 醫生及醫院 -> 搜尋醫院 -> 國內出院免找數 -> 入院前登記表格
營業員專頁	部門資訊 -> 營運部 -> Claims -> Forms -> eMasterlist -> Pre-Admission Form and Easy Guide 2016

3. 可否提供適用醫院名單作參考？

國內出院免找數服務之指定醫院國內醫院

AIA.COM.HK -> 客戶支援 -> 醫生及醫院 -> 搜尋醫院-> 國內出院免找數 -> 國內出院免找數服務醫院名單

4. 為何要遞交入院前登記表格？

為了提供一站式的服務及免卻客戶重覆多次填寫表格，入院前登記表格上填寫的資料已包括安排出院免找數服務及處理賠償時所需的資料，詳情如下：

客戶須先填寫入院前登記表格，公司預先批核部評估後才可發出有關「住院付款保證信」。

入院前登記表格分為三部分，請參考下表。

在向客戶推介此服務或填寫入院前登記表格前，請務必全面細讀申請表內容和免責聲明：

第一部分	由保單持有人 / 受保人（病人）填寫個人及保單資料
第二部分	由保單持有人 / 受保人（病人）填寫授權： i) 請細讀免責聲明 a - d 項 ii) 特別 'c' 及 'd' 項授權可從客戶信用卡保留 5,000 港元或以上的信用額（視乎預計差額之金額而定），直至整個理賠程序完結為止 iii) 如有差額時，亦授權公司從客戶信用卡收取有關差額費用；如信用額不足或會從保單所獲收取金額中抵銷扣除
第三部分	由受保人主診醫生/外科醫生填寫有關受保人的傷病情況及治療計劃（如有需要，客戶需自行承擔填寫表格費用）

請注意：資料不足或資料不正確可能會延誤入住醫院掛帳服務申請

5. 如何遞交入院前登記表格？

請填妥入院前登記表格，並於入院前最少兩至四個工作天，傳真致(852) 3118 9083 或以電郵方式 hk.pre-admission@aia.com 遞交。

6. 申請出院免找數服務需時多久？

由公司收到入院前登記表格起，需要兩至四個工作天完成登記手續。

7. 完成入院前登記評估後會怎樣？

預先批核部完成評估後：

- **如能安排：**
 - 公司會聯絡保單持有人及/或業務代表，並透過手提電話發送短信
 - 向有關入住醫院發出「住院付款保證信」
 - 公司將客戶授權信用卡中保留 5,000 港元或以上的信用額（視乎預計差額之金額而定）
 - **如未能安排：**
 - 公司會通知保單持有人及/或業務代表，並解釋未能安排之原因，客戶仍可跟據現行做法，出院時先支付有關費用，然後填寫醫療賠償表格向公司索償
- ❖ 公司會根據客戶於入院前登記表格上的指示，致電通知有關業務代表就是次「住院付款保證信」的申請結果

8. 客戶出院後有什麼手續？

由於保單持有人及受保人在入院前已將詳細資料於登記表格內填寫，出院時並不需要填任何表格。

出院後，醫院會直接將單據及醫療賠償表格第二部分遞交公司。當理賠完成後，如有任何差額，公司會發出差額付款通知書通知保單持有人。有關詳情，並於差額付款通知書發出十四天後從客戶指定的信用卡扣除有關差額

9. 客戶如何處理差額費用？

- i) 出院後，醫院會直接將單據及醫療賠償表格第二部分遞交公司。
- ii) 當理賠完成後，如有任何差額，公司會在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
- iii) 公司將直接從客戶授權信用卡戶口收取有關費用
- iv) 如未能扣取有關差額，公司會再度郵寄逾期繳款通知書，及會暫停保單持有人及受保人任何其他出院免找數服務及索償申請
- v) 倘若有關差額費用高於客戶信用額，客戶可選擇直接以現金、支票或電子渠道繳付費用

倘若有關未結算差額費長達三個月，公司將有權從保單持有人及受保人獲支付的金額中抵銷扣除，包括但不限於任何身故賠償（法律允許的範圍內）、紅利或保費退還等

Hong Kong 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	Hong Kong policy owner please contact AIA Hong Kong Pre-Admission Customer Hotline at 2232 8870 or Hong Kong policy owner to call PRC Toll Free Hotline when in PRC at 4008-428-009 (Needs to have IDD function in phone in order to get through)
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，友邦將為受保人簽發「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:			
No. <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 Number 東亞代表會員號碼 <input type="checkbox"/> PIRA <input type="checkbox"/> CIB <input type="checkbox"/> ANG
Agency Code 營業員組別編號	Agent 營業員 / 經紀	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話	
Are you making any AIA Group Policy application for this hospitalization? 閣下是否向友邦申請團體保險? If "Yes", please provide the following: 若 "是", 請提供以下資料: Name of AIA Group Policy Employer 友邦團體保險公司名稱 Group Policy No./Certificate No./Policy No. 團體保險號碼/證書號碼/保單號碼			
PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 若因意外入院, 請填寫問題 1 至 5			
1. Date and time of accident 意外日期: 年 月 日 時 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:			

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 hospitalization 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
- 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 pol(oi)ty(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 pol(oi)tes issued in Hong Kong) or Macau (for pol(oi)tes 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:

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 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 set off 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：

a. 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、病症或任何治療或醫療紀錄、紀錄或人士，倘貴公司或貴公司之代表，不獲撤回，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力。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/被保人之健康狀況與之有關的關連事宜，不獲撤回。此等化驗會包括，但並不局限於，糖尿病及有關之血尿酸、轉氨酶、腎或肝功部失常、受感染或體內藥物、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成對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，或支付超出有關保險保障的費用時，貴公司將有權從以下公司固有賬項用卡戶口的積存款項不足，或不應任何其理由以至未結收取該筆逾期，貴公司將有權從該項逾期此保單，及/或任何保單中扣除本人/我們/受保人的保單所獲支付予本人/我們/受保人的金額中扣除扣除，包括但不限於任何身故賠償（法律允許的範圍內）、紅利或保費退還（不論何種原因）。

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

Signature of the Policy 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):
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 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港幣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，香港客戶我們接受 VISA, MASTER 及建設 (亞洲) 銀聯雙幣信用卡）

Credit Card Authorisation Form 信用卡授權書 (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)	
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逾期之差額費用		
Cardholder's Signature 持卡人簽署:	Contact no. 聯絡號碼:	
Date (MM/DD/YYYY) 日期 (月/日/年):		

**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)
- Credit Card Account No.
- Credit 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'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:	

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

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:** _____ / _____ / _____ (MM/DD/YYYY 月/日/年)

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”, 首次發病日期為 _____ / _____ / _____ (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?**
 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	<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

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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? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please specify. 如是, 請明確說明。 <hr/>
--

Doctor's Information 醫生資料

Doctor's name 醫生姓名: Contact no. 聯絡號碼: Fax no. 傳真號碼:	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: Date 日期: (MM/DD/YYYY 月/日/年)
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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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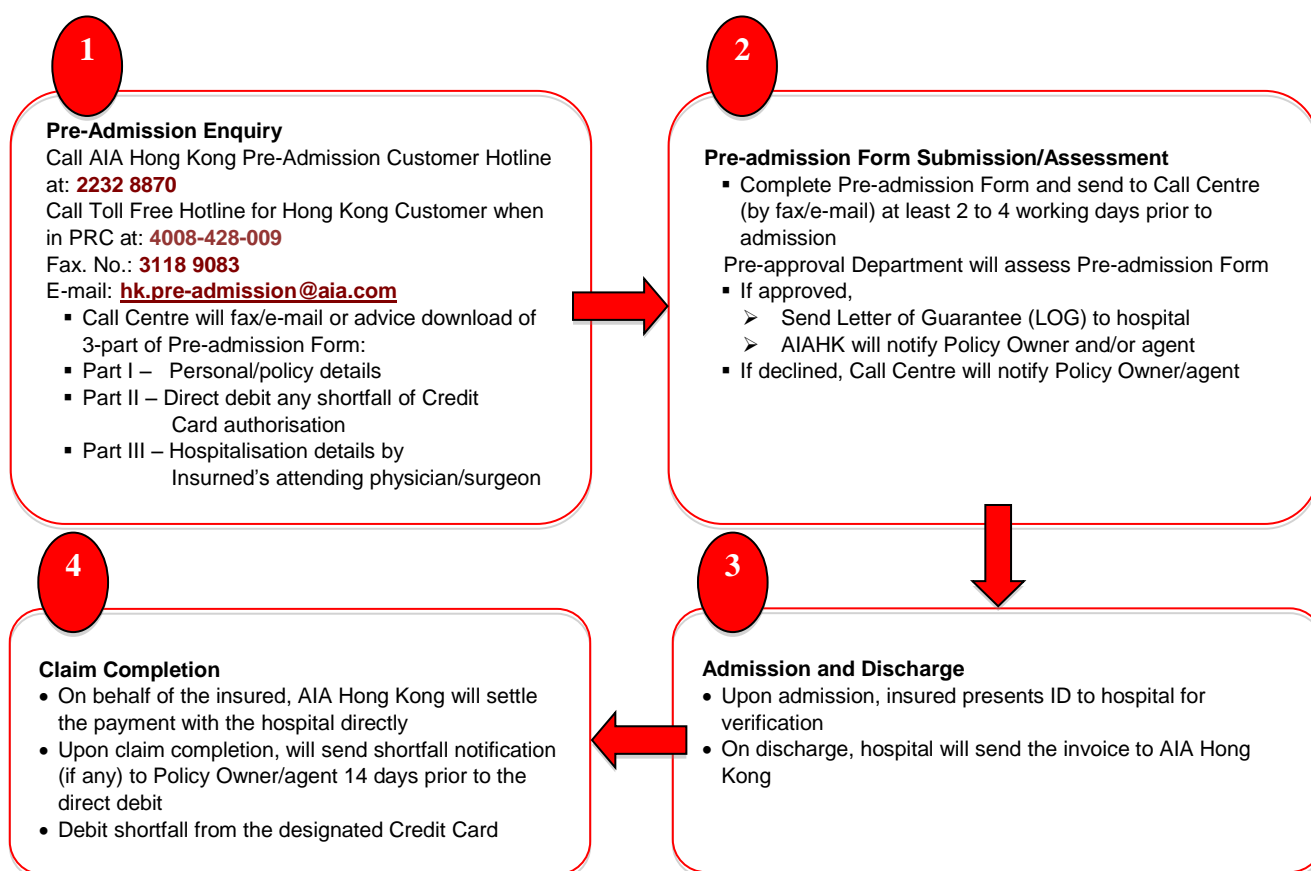
Note:

- 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 Hong Kong Customer Hotline	(852) 2232 8870
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 Hospitals -> 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 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)