

## Simple guide for Medical Expense Pre-approval Service 醫療費用預先批核服務簡易指南

- 1 請填妥預先批核表格，並於入院或接受醫療程序前最少 5 個工作天由你於 **Bowtie** 網上平台上載，或由醫院直接遞交你的預先批核表格。

Fill out and upload the Pre-approval Form to us prior to admission or medical procedure at the Bowtie online portal or submitted by hospital directly to process the application, and reserve at least 5 working days for us to process the application.
- 2 預先批核一經完成，我們會以電郵及手機短訊通知你有關結果，並可於 **Bowtie** 網上平台查詢有關結果詳情。

Once the pre-approval application is reviewed, you will be informed of the result via email & SMS, and you can check the details of the application at Bowtie online portal.
- 3 「免找數服務」一經安排，我們/第三方服務供應商會向有關醫院發出「付款保證書」。當你於醫院登記時，你可以通知醫院 **Bowtie** 已為病人發出「付款保證書」，並提供 (1) 受保人身份證明文件 (2) 入院/治療日期 (3) 付款保證書編號以作核實。

Once "Cashless Settlement" has been successfully set-up, we/our Third Party Administrator will send a "Letter of Guarantee" (LOG) to the concerned hospital. Upon registration at hospital, please notify the hospital that the LOG has been arranged by Bowtie, also present (1) insured's identification document (2) date of admission/treatment (3) reference number of the LOG for verification purpose.
- 4 完成治療後，醫院會直接向我們遞交醫療單據，我們會替你直接繳付有關已獲批核的醫療開支。如有關醫療開支高於合資格保障應支付的賠償額，你需要在出院時於醫院繳交。請保留收據，你可於 **Bowtie** 網上平台申請差額索償。如於理賠程序時發現住院/治療中有醫療開支屬保單的不受保範圍，我們有權向你收取有關費用。

The hospital will send us the bills and we will settle the approved medical expense on behalf of you. If the medical expense exceeds the payable amount under eligible benefit upon claim assessment, you will have to pay the shortfall amount when you are discharged from the hospital. You can also submit the receipt with the shortfall amount to Bowtie for additional claim procedure. In case of any uncovered medical expenses in the policy during claims assessment, we reserve the right to claw back the amount from you.
- 5 需要協助？請聯絡

For enquiry, please contact

客戶服務熱線 Customer Service Hotline : **3008 8123**

客戶服務電郵 Customer Service Email : **cs@bowtie.com.hk**

賠償部電郵 Claims Department Email : **claim@bowtie.com.hk**

條款及細則 Term and Conditions

1. 醫療費用預先批核服務或「免找數服務」為一項就受保人於治療/住院期間所衍生的受保開支而設的行政安排，而並非保單保障內容，我們有權隨時撤銷此項服務而毋須另行通知，並保留絕對決定權。

The "Cashless Settlement" service is not a contractual service but an administrative arrangement offered in our absolute discretion in respect of covered expenses incurred by the Insured during the treatment/hospitalization. It is subject to termination by Bowtie at any time without prior notice.

2. 如因保單下的不受保事項而引發之治療或住院，均不會獲發「付款保證書」。

If the treatment or hospitalisation is due to illness or disability classified under any exclusion or whatsoever of the concerned policies, no Letter of Guarantee will be issued.

3. 預先批核結果通知的實際發出日期須視乎受保人及/或醫院遞交齊備文件所需日數而有所不同。

The actual date of notification on the pre-approval result may differ, subject to the required days for the submission of all required documents by the Insured and/or hospital.

4. 預先批核並不代表 **Bowtie** 同意就受保障計劃支付任何保障，所有賠償決定受醫療賬單、保單條款及細則及保單下的不保事項約束。如最終醫療帳單包含不在受保障範圍內的費用，或醫療帳單超出有關保障限額的費用時，受保人需要在出院時支付相關費用。

Obtaining a pre-approval shall not be deemed as an agreement to pay for any payment on behalf of the Insured, all claims settlement will be subjected to the final bill, the policy terms & conditions and the exclusions set out in the policy terms & conditions. If the final bill includes excluded items under the Insured's policies or the final bill exceeds the Insured's eligible benefit limit under his/her policies, the Insured shall pay for such expenses/shortfall upon discharge from hospital.

5. 免找數服務或由第三方服務供應商提供，**Bowtie** 對於上述服務之質素及其供應並不作出任何的陳述、保證或承諾，亦不會承擔服務供應商所提供的服務所引致的責任及法律責任。

The Cashless Settlement service may be provided by third-party service providers. Bowtie makes no representation, warranty or undertaking as to the quality and availability of the services and shall not accept any responsibility or liability for the services provided by the service providers.

# 預先批核表格

## Pre-approval Claim Form



日期  
Date: \_\_\_\_\_

### Part 1. 病人資料 Patient Information

保單號碼 Policy Number	病人姓名 Name of Patient
身份證/護照號碼 HKID / Passport No.	聯絡電話 Contact Number

### Part 2. 病歷 (由主診醫生/手術醫生填寫) Clinical History (To be completed by the attending physician/surgeon)

1. 閣下是否病人的慣常醫生? Are you the patient's usual doctor?	<input type="checkbox"/> 是, 自 Yes, Since DD / MM / YY <input type="checkbox"/> 否 No
2. 病人因此疾病或意外首次求診的日期 Date of first consultation for this condition or related illness / accident	DD / MM / YY
3. 此次住院 / 手術的主要病徵 Chief complaints / symptoms of the patient relating to this hospitalization / surgery	
4. 病徵的出現日期或意外發生日期 Date of symptom first appeared or accident occurred	DD / MM / YY
5. (a) 最後診斷 Final Diagnosis	
5. (b) 診斷日期 Date of Diagnosis	DD / MM / YY
6. 引起診斷結果的主因 Underlying cause for the diagnosis	
7. 如病人由其他醫生轉介, 請提供轉介醫生的姓名和地址 If the patient was referred by another doctor, please provide the referring doctor's name and address.	

8. 病人曾否因同類或相關疾病接受治療或住院?  
Had the patient previously been treated or hospitalized for the same / related disorder?)

是, 請說明詳情  
Yes, Please provide details

就診日期 DD / MM / YY  
Consultation Date \_\_\_\_\_

疾病  
Disease / Disorder \_\_\_\_\_

醫生/醫院名稱  
Name of Physician / Hospital \_\_\_\_\_

治療/住院詳情  
Details of treatment / hospitalization \_\_\_\_\_

否  
No

9. 病人是否因其他原因, 直接或間接引致或加劇有關之受傷/病症?  
Was the patient's injury/illness directly or indirectly due to or aggravated by other factors?

是 - 請在下列適當位置劃上剔號並提供詳情(如適用)  
Yes - Please tick where it is appropriate and give details (if applicable)

倚賴或過量服用藥物 / 酒精 / 毒品  
Dependence or overdose of drugs, alcohol or narcotics

懷孕 / 分娩 / 墮胎 / 流產  
Pregnancy / Childbirth / Abortion / Miscarriage

美容 / 整容  
Beautification / Cosmetic Purpose

矯正視力 / 屈光不正  
Correcting visual acuity / refractive errors

性病 / 經由性接觸傳染的疾病  
Venereal disease / Sexually Transmitted Disease

詳情 Details \_\_\_\_\_

否  
No

節育 / 恢復生育 / 結紮 / 變性 / 不育 / 性功能失常  
Birth control / Reversal of birth control / Sterilisation / Sex reassignment / Infertility / Sexual dysfunction

自殺 / 自殘身體  
Attempted suicide / Self-inflicted

先天性疾病  
Congenital condition  
- 疾病 Disease / Disorder \_\_\_\_\_

- 發病日期 Date of manifestation DD / MM / YY

- 確診日期 Date of diagnosis DD / MM / YY

人體免疫力缺乏病毒  
Human Immunodeficiency Virus

10. 病人過往有否右列的病史/習慣?  
Did the patient have the following past medical history / habit?

是 - 請在下列適當位置劃上剔號並提供詳情(如適用)  
Yes - Please tick where appropriate and give details (if applicable)

心臟病  
Cardiac problem

糖尿病  
Diabetes mellitus

曾接受手術  
Previous operation

吸煙習慣  
Smoking Habit

高血壓  
Hypertension

乙型肝炎  
Hepatitis B

濫用藥物  
Drug addiction

飲酒習慣  
Drinking habit

詳情 Details \_\_\_\_\_

診斷日期及醫生名稱 DD / MM / YY  
Diagnosis date and name of physician \_\_\_\_\_

病史之現況  
Current condition of the above medical history :  完全康復 Fully recovered  治療中 On Treatment

吸煙/飲酒習慣開始於 DD / MM / YY  
Smoking / Drinking habit since \_\_\_\_\_

否  
No

**Part 3. 治療計劃 Treatment Plan**

預計入院 / 治療日期 Expected Date of Admission	DD / MM / YY	預計住院時間 Estimated length of stay	日 Days
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醫院名稱 Name of Hospital
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建議之醫療 / 手術程序 Medical / Surgical Procedure Required	建議之檢驗名稱 Investigation Required
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<b>預計費用</b> <b>Estimated Fee</b>	
每日醫生巡房費 Daily Doctor's Round Fee	\$ _____ (If more than one doctor, please provide the breakdown and justification. 如多於一位醫生, 請列出明細及原因。)
手術費 Surgical Fee	\$ _____ (If more than one doctor, please provide the breakdown and justification. 如多於一位醫生, 請列出明細及原因。)
麻醉師費 Anaesthetist's Fee	\$ _____
手術室費 Operating Theatre Charges	\$ _____
手術儀器及物料等費用 Operating Equipment and Material Fee	\$ _____
其他醫院費用 Other Hospital Charges	\$ _____
預計總費用 Total Estimated Fee	\$ _____

住房類別 Ward Type	住院: Inpatient:	<input type="checkbox"/> 私家病房 Private	<input type="checkbox"/> 半私家病房 Semi-private	<input type="checkbox"/> 標準病房 Ward	<input type="checkbox"/> 其他 Others	請提供原因 please specify reason
	門診 Outpatient:	<input type="checkbox"/> 日間護理病房 Day Care	<input type="checkbox"/> 診所 / 化驗所 Clinic / Lab			

**醫生資料 Physician Details**

本人謹此聲明曾為病人作出診治, 以上之所陳述乃本人對病人健康狀況之意見。

I hereby certified that I did personally treat the patient and the facts as given above represent my opinion of his/her condition.

主診醫生姓名 Name of Attending Physician	資歷 Qualification
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地址 Address	聯絡電話 Telephone No.
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主診醫生簽署及蓋印 Signature and stamp of Attending Physician	日期 Date DD / MM / YY
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本人受保人聲明及同意下列各點：(甲) 本預先批核表格上所載的聲明及答案，以及經本人/受保人所簽署之醫療問卷或所遞之其他文件，均屬真確無訛，詳細完整。(乙) 倘本人/受保人未能提供此申請或保泰所需資料，可導致保泰人壽保險有限公司(保泰) 未能處理此預先批核/賠償申請。

I/The insured hereby declare and agree that: (a) all the foregoing statements and answers in this pre-approval form together with those in any required medical questionnaire or other document signed or submitted by me/the insured in connection with this claim are full, complete and true. (b) Bowtie Life Insurance Company Limited (Bowtie) may be unable to process this claim if I/the insured fail to provide any information requested in this application or otherwise by Bowtie.

#### 個人資料收集聲明

本人/吾等明白及同意保泰可以將從本人/吾等所收集的個人資料作以下用途：(a) 處理及評估本人/吾等的此項申請/資料遞交；(b) 管理本人/吾等所持有的保泰產品，並提供相關服務；(c) 處理及調查本人/吾等所持有的保泰產品索償個案；(d) 進行客戶調查；(e) 為客戶研究，設計及/或優化保泰的產品與服務；(f) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃，並提供予本人/吾等有關於的服務；(g) 因上述目的與本人/吾等聯絡；(h) 為遵守所有保泰及其關連公司所受限制的(香港或其他國家) 法例、法規、法規指引、法庭命令或保泰及其關連公司與任何管轄區域的監管機構或政府之間的協議項目下的義務或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)及(i) 與上述目的直接有關的任何其他目的。保泰可為以上目的披露本人/吾等的個人資料予下列承讓人：(a) 為協助保泰就上述用途(不論在香港或其他地方) 而提供服務的第三方，包括私家醫院、索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；(b) 本人/吾等的銀行作繳款用途；(c) 保泰的商業夥伴、服務提供者或被保泰任命的人；(d) 保泰的關連公司(根據公司條例訂明)；(e) 香港保險業聯會及其會員，以及其他保險公司及金融服務機構；(f) 保泰及其關連公司因受(香港或其他國家之) 法例、法規、法規指引、法庭命令或保泰與任何管轄區域的監管機構、政府，或於香港境內或境外存在的財務服務供應商的自律監管或行業組織或協會所提供的，或之間的協議項目下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他) 限制而需向其作出披露的任何人士或監管當局；(g) 保泰及/或其資產的實際或建議受讓人等、或保泰就其權利的參與人等或附屬參與人等，可以讓其評核擬成為轉讓、參與或附屬參與的交易，及讓實際受讓人等在運作被轉讓的業務或權利中使用本人/吾等的資料；(h) 代表本人/吾等行事的任何授權人士、收款人、受益人、戶口代名人或往來及代理銀行；及(i) 研究調查公司，信貸評級機構及保泰僱用的其他公司，藉以加強保泰向本人/吾等所提供的服務。

本人/吾等可自願提供予保泰有關本人/吾等的個人資料，然而倘若未能提供所需個人資料，保泰或不能處理本人/吾等的申請。本人/吾等有權查閱及要求更正保泰持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港灣仔皇后大道東 58-64 號帝后商業中心 1 樓或 cs@bowtie.com.hk 予保泰的私隱保障主任。保泰可就處理該等要求收取合理費用。

#### PERSONAL INFORMATION COLLECTION STATEMENT

I/We understand and consent that, the personal data collected from me/us by Bowtie may be used by Bowtie for the following purposes: (a) processing and evaluating this application/data submission I/we made; (b) administering and providing services in relation to the Bowtie products I/we hold; (c) processing and investigating claims in relation to the Bowtie products I/we hold; (d) conducting customer surveys; (e) researching, designing and/or enhancing Bowtie's products and services; (f) selecting me/us to participate in reward, loyalty or privileges program and providing me/us with related services; (g) contacting me/us for the above purposes; (h) complying with all applicable laws, regulations, regulatory guidance and/or court orders; or obligation or requirement under an agreement, or other commitment, between Bowtie or its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Bowtie and its associated companies are subject to (of Hong Kong or any other countries); and (i) fulfilling other purposes which are directly related to the above purposes, Bowtie may disclose my/our personal data to the following transferees for the above purposes: (a) third parties who provide services in Hong Kong or elsewhere which assist Bowtie to carry out the above purposes, including private hospital(s), claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) my/our bank for payment purposes; (c) Bowtie's business partners, service providers and appointed persons of Bowtie; (d) Bowtie's associated companies (as defined in the Companies Ordinance); (e) Hong Kong Federation of Insurers and its members, and other insurance companies and financial services companies; (f) any person or authority or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong to whom Bowtie is required to disclose under applicable law, regulation, regulatory guidance or court order or obligation or requirement under an agreement, or other commitment, between Bowtie & its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) that Bowtie and its associated companies are subject to or required to comply with (of Hong Kong or any other countries); (g) actual or proposed assignees of Bowtie's business and/or assets, or participants or sub-participants of Bowtie's rights in respect of me/us, to allow them to evaluate the intended assignment, participation or sub-participation, and enable the actual assignees to use my/our data in the operation of the business or rights assigned; (h) any authorised persons acting on my/our behalf, payment recipients, beneficiaries, account nominees, correspondent and agent banks; and (i) research companies, rating agencies and other companies engaged by Bowtie to enhance the products and services Bowtie provides to me/us.

It is voluntary for me/us to provide the personal data to Bowtie, but if I/we do not provide the requested personal data, Bowtie may not be able to process my/our application. I/We have the right to request access to and correction of any of my/our personal data relating to me/us in any of Bowtie's records by sending a written request to Bowtie's Privacy Officer at 1/F, Queen's Centre, 58-64 Queen's Road East, Wan Chai, Hong Kong, or to cs@bowtie.com.hk. Bowtie may charge a reasonable fee for processing such requests.

**授權 Authorization**

本人謹此代表本人/受保人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之記錄者，詳情或醫療資料，及/或曾診驗或可能將會診驗本人/受保人者，均可將該等資料提供給保泰人壽保險有限公司。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

I HEREBY AUTHORIZE on behalf of myself/the insured any employer, registered practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records, knowledge or medical information of me/the insured and who has attended or may hereafter attend myself/the insured to disclose such information to Bowtie Life Insurance Company Limited. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

保單持有人姓名 Name of Policyholder :	身份證號碼 ID Number :	簽署 Signature :	簽署日期 Sign Date :
受保人姓名 Name of Insured :	身份證號碼 ID Number :	簽署 Signature :	簽署日期 Sign Date :