

Group Medical Insurance - Outpatient Benefit Claim Form 團體醫療保險 - 門診保障索償申請表

Please send the completed claim form together with all required documents to Bolttech Insurance Group Medical Claims Department
19/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong, Customer Service Hotline (852) 3123 3344

請將填妥的索償申請表及一切所需文件寄回保特保險團體保險賠償部
香港九龍觀塘觀塘道 388 號創紀之城 1 期第 1 座 19 樓, 客戶服務熱線 (852) 3123 3344

Instructions 指引

- (1) Claim for Outpatient Benefit must be submitted WITHIN 90 days from the date of consultation/treatment (unless otherwise specified in the policy).
- (2) Please attach the original receipts issued by the doctor or certified true copy of receipts issued by other insurers (applicable to such claim already reimbursed by another insurer). Each receipt MUST state the following information:
 - Full name of patient
 - Date of consultation/treatment
 - Diagnosis
 - Breakdown of charges
 - Doctor's signature & official stamp
- (3) Unless otherwise specified in the Policy, doctor's referral letter is required for Physiotherapist's & Chiropractor's Treatment, Diagnostic X-ray and Laboratory Test. Details of the referral letter requirement for Specialist consultation, please refer to Benefit Schedule/membership guide (if any). The referral letter is valid for six months from date of issuance.
- (4) For claim in respect of the purchase of prescribed medicines or drugs outside clinic, please submit both Doctor's prescription and original receipts from pharmacy.
- (5) For Chinese Medicine Practitioner's claim, please submit both original receipts and prescription.

- (1) 門診索償應於診症 / 治療後 90 日內遞交申請 (除保單內另有註明)。
- (2) 請附上由醫生簽發的收據正本或由其他保險公司發出的收據核實副本 (適用於已獲其他保險公司賠償之申請)。每張收據必須列明以下資料：
 - 就診者姓名
 - 診症日期 / 治療日期
 - 病症名稱
 - 收費項目說明
 - 醫生簽署及蓋章
- (3) 除保單內另有註明外, 物理治療師及脊椎治療師治療, X 光檢驗及化驗均須出示主診醫生的推薦書。專科門診的推薦書要求詳情, 請參閱保障表或成員指引 (如有)。推薦書在發出日起計 6 個月內方為有效。
- (4) 診所以外購買藥物費用之賠償須附主診醫生之處方及藥房之收據正本。
- (5) 中醫治療索償必須遞交正本中醫收據及藥方 (處方蓋)。

Name of Policyholder :
保單持有人名稱 :

Policy no. :
保單號碼 :

Name of Employee/Member (English) :
僱員 / 成員姓名 (英文) :

僱員編號 Employee code : (如適用 if applicable)

電話號碼 : Contact no.:

Name of Patient (English):
就診者姓名 (英文) :

ID Card/Passport no. of Patient:
就診者身份證 / 護照號碼 :

Proposed Claim Type (Please tick as appropriate): 擬申請之索償類別 (請選擇並加 號)

- General 普通科 Specialist 專科
- 物理治療師及脊椎治療師 Physiotherapist's & Chiropractor's Treatment
- 中醫或跌打 Chinese Herbalist/Bonesetter X 光檢驗及化驗 Diagnostic X-ray and Laboratory Tests
- 出院後之治療費 Post Hospitalisation Treatment
(住院日期 Date of Hospitalisation: 由 From _____ 至 To _____)
- 其他 Others

附上正本收據總數 No. of original receipt(s):

If the consultation/treatment was due to accident, please provide 若診治因意外引起, 請提供 :

Date of Accident 意外發生日期 : _____ Time 時間 : _____ Place 地點 : _____

Brief description 經過 : _____

Are you making any other insurance claim for this claim? 有關此次索償，閣下有否申請其他保險索償？

No 沒有 Original receipt will not be returned in any circumstances. If copy of receipt for other purpose is needed, please make a copy before submission.
在任何情況下不設退回正本收據，如需副本作其他用途，請於遞交前自行影印收據。

Yes 有 (Required information 必需填寫)
Name of the Insurance Company 保險公司名稱： _____

Policy No 保單號碼： _____ Type of Policy 保單類別： _____

Please note that only the original receipt with unpaid claim balance will be returned for applying other claims.
If copy of receipt for other purpose is needed, please make a copy before submission.
請注意只退回附有索償餘額之正本收據以申請其他索償，如需副本作其他用途，請於遞交前自行影印收據。

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.



本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線2603 9435 索取收集個人資料聲明副本。



Signature of Patient 就診者簽署： _____

Date 日期： _____

(If the patient is a minor, the patient's parent/legal guardian can sign on his/her behalf
若就診者為小童，則可由家長 / 合法監護人簽署)

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文