

# HSBC Flexi Medical Insurance Plan

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## Policyholder user guide

A guide with important highlights



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# Manage your policy

This Policyholder User Guide ("User Guide") is intended to explain many of the basics about your policy and how it provides you with the protection you require. Your insurance policy is unique to you and outlines the particular terms of your coverage. We recommend that you read the policy document carefully and keep it in a safe place along with all your other important documents.

## We are here to help

### **Policy servicing**

You can alter your policy to reflect any changes in your personal circumstances. Depending on the type of plan you have, you can:

- Change the beneficiary;
- Change how you pay your premium and/or how often you pay it;
- Update your personal particulars, such as address and telephone number;
- Change your coverage, subject to the terms and conditions applicable to the policy.

Making changes to your policy is straightforward. You can simply download a Change Request Form from our website (please refer to Other services section on page 14), complete it, then mail it to our correspondence address at HSBC Life (International) Limited, Macau Branch, 1/F, Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. You can also submit it at HSBC Life, Macau Branch.

# How to read your medical card

Your medical card gives you access to our network hospitals and hassle-free billing services. Subsequent sections of this User Guide will further explain the services available to you as well as how you can make full use of them. Your medical card should be presented every time you use the network services your plan entitles you to. It contains the following important information.

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**Insurance plan name** The plan you have selected

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**Name of the insured person** The person who is covered by the plan

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**Policy number** A unique number assigned to your policy

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**Allianz  Partners**

A logo which is readily recognised by network hospitals in mainland China and qualifies you for the Cashless Arrangement, subject to the pre-authorisation procedures outlined in Cashless Arrangement for mainland China hospitals.

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**QR code** Providing you the access to our medical network list

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## Please remember the following regarding your medical card

- Verify the information on your medical card(s) immediately upon receipt. Call the policy and claim service hotline if any changes are needed.
- Notify us immediately by calling our hotline if you lose your physical medical card and wish to obtain a replacement.
- Do not allow anyone else to use your medical card.

# How to make a medical claim

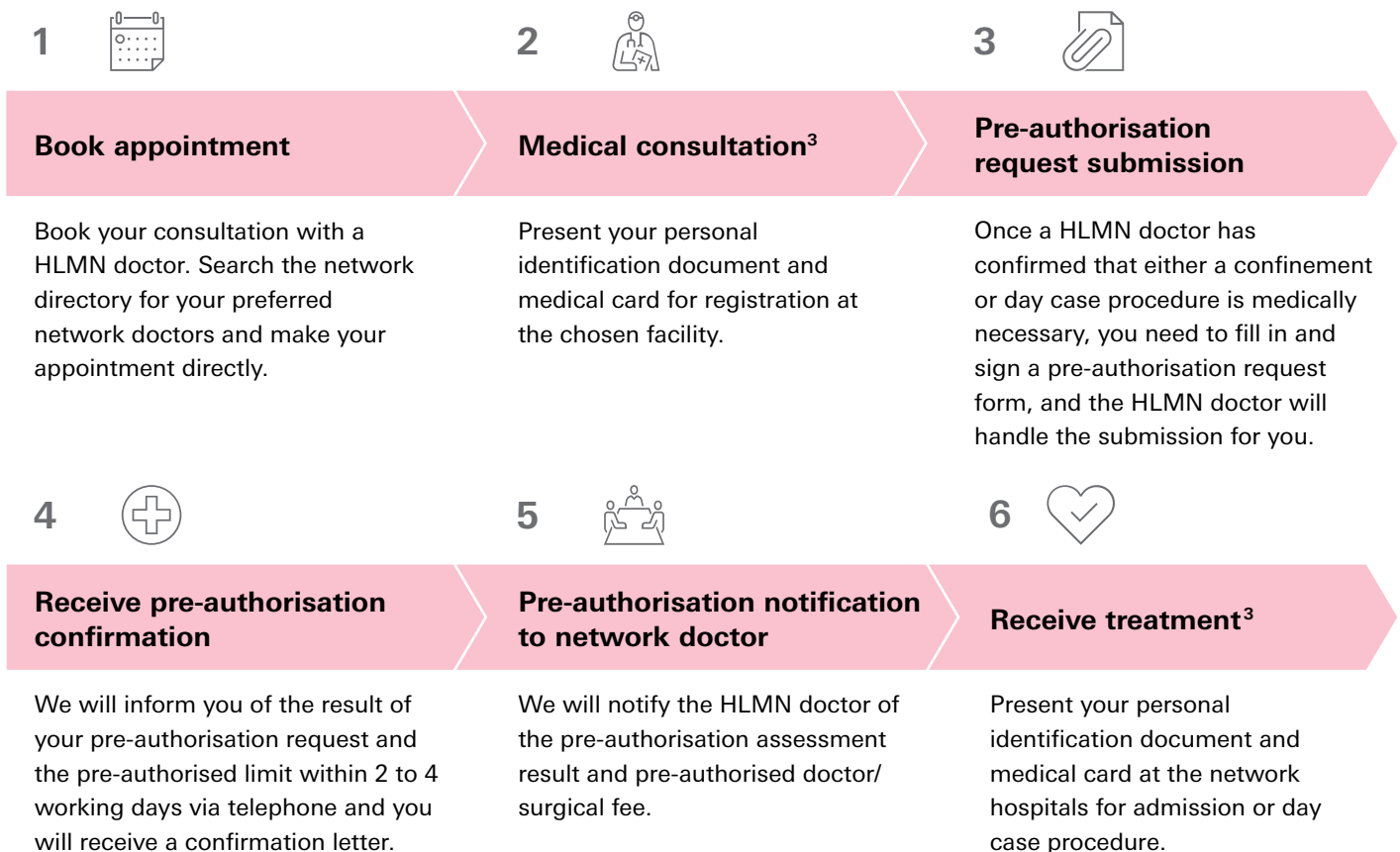
Your policy provides medical coverage with access to the doctors and hospitals of your choice, including private hospitals and day case procedure centres, subject to the type of plan you have.

Should you need medical services, we advise you to call the policy and claim service hotline to check your coverage prior to treatment if you wish to enjoy Cashless Arrangement. All actual eligible expenses should be reasonable, customary and medically necessary, as defined in the Policy Provisions.

## Cashless Arrangement<sup>1,2</sup> confinement and/or day case procedure at hospital through network doctors

As a valued HSBC Flexi Medical customer, you can access a vast network of doctors via HSBC Life Medical Network ("HLMN"). You may scan the QR code on the medical card for more information of the medical network.

Take these simple steps to enjoy cashless convenience



During confinement and before your discharge from hospital, you can also enjoy the Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation.

# How to make a medical claim

## Post-treatment procedures

Upon discharge/after treatment	After discharge/treatment	Shortfall <sup>4</sup> payment
We will settle the bill directly with the network hospital on your behalf based on the pre-authorized limit.	In case of any shortfall, a shortfall advice with details will be sent to you once a claim assessment has been completed.	You are required to settle any shortfall payment either by cheque or direct debit from your nominated bank account.

### Important notes

- Please note that insufficient or incorrect information provided in the pre-authorization form may delay the approval process.
- All paid and outstanding expenses (including the expenses for items which may be covered) remain your responsibility until the expenses have been confirmed by the Company to be eligible under your policy.
- The charges payable by the Company shall cover eligible items under your policy schedule only and shall not, under any circumstances, exceed the maximum limit of the benefit or overall annual benefit limit set out in your policy schedule.
- You will bear any charges to be paid to the attending doctor for filling out a pre-authorization form and claim form. The Company reserves the right to limit your eligibility for future pre-authorization and Cashless Arrangement service if any shortfall has not been settled.
- If, for any reason, Cashless Arrangement is not approved or applicable, you will have to settle the bill first and claim reimbursement up to the maximum limit of the benefit or overall annual benefit limit under your plan option as per the terms and conditions set out in your policy.
- In some circumstances, we will not approve the pre-authorization for reasons including but not limited to the following: (i) the treatment, procedure, medication, test or service is not medically necessary or (ii) the condition concerned is considered to be excluded by the policy.

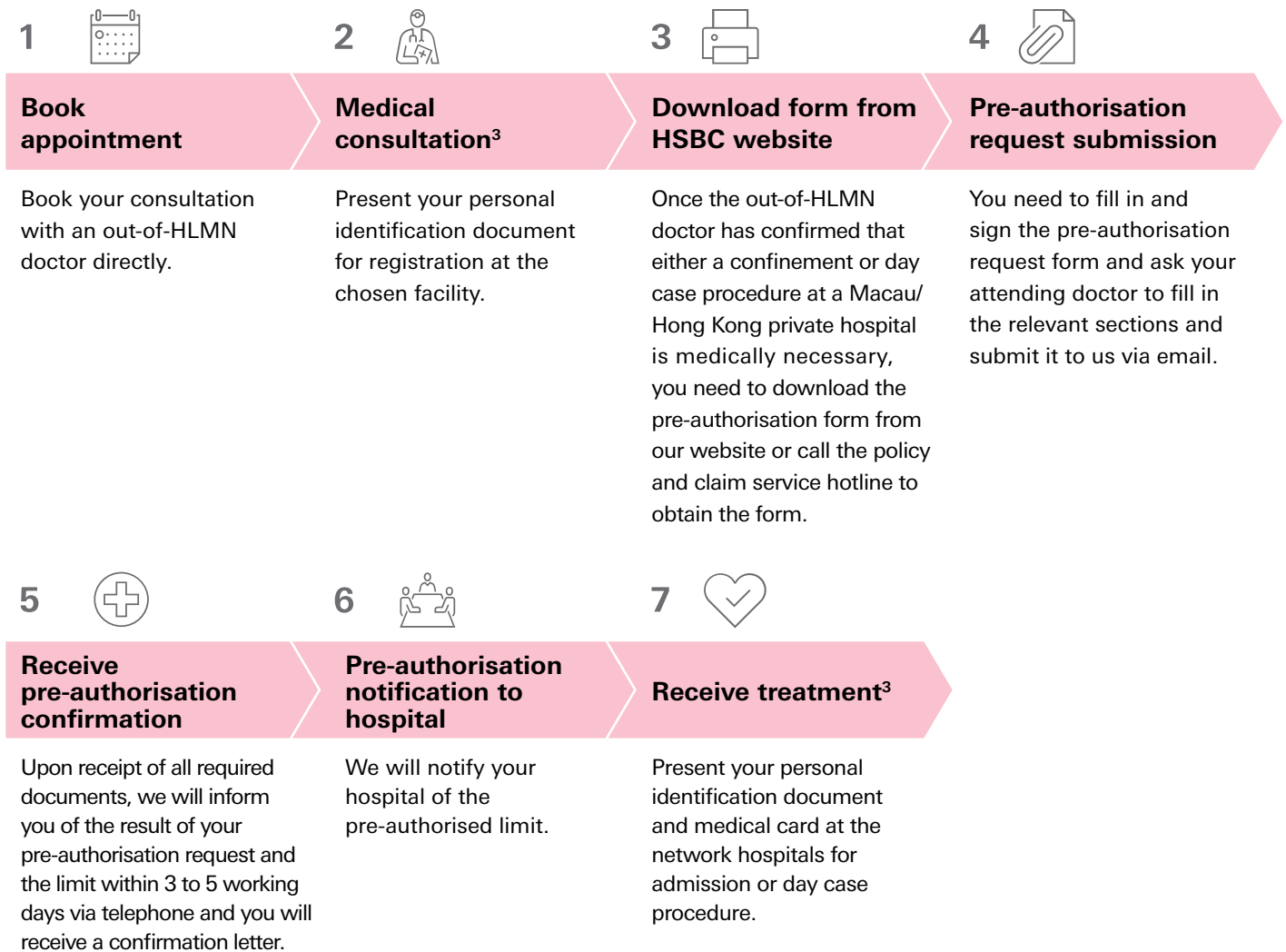
1. Network doctors are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by network doctors, and shall not be responsible for any act or failure to act on the part of these network doctors and network hospitals. The availability of Cashless Arrangement is subject to the (a) applicable benefit limits, deductible (if any) and exclusions under the relevant terms and benefits of the policy; (b) acceptance of Cashless Arrangement by network hospitals; (c) Cashless Arrangement is applicable to network hospitals subject to the policy's terms and conditions; (d) the preference of network doctors on the choice of network hospitals; and (e) admission right of network doctors to network hospital(s).
2. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the relevant policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the terms and benefits of the relevant policy. Only eligible medical expenses within the pre-authorization limit for necessary and specified medical treatments will be covered through Cashless Arrangement.
3. You are required to present your identification documents and medical card to the network hospitals during registration for Cashless Arrangement. Otherwise, you are not entitled to Cashless Arrangement.
4. The shortfall is the amount we paid to the network hospitals for items which are not covered under the policy or items which exceed the maximum limit of the benefit or overall annual benefit limit of your plan option.

# How to make a medical claim

## Cashless Arrangement<sup>1,2</sup> when using out-of-HLMN (“HSBC Life Medical Network”) doctors and Macau/Hong Kong private hospitals

Cashless Arrangement is available if you obtain pre-authorisation prior to your treatment by an out-of-HLMN doctor and admission to any of the network Macau/Hong Kong private hospitals. You may scan the QR code on the medical card for more information of the medical network.

Take these simple steps to enjoy cashless convenience



During confinement and before your discharge from hospital, you can also enjoy the Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation.

# How to make a medical claim

## Cashless Arrangement<sup>4</sup> for mainland China hospitals

In addition to HLMN, you can access a vast network of hospitals in mainland China through Mainland China Network Hospital and enjoy Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation. Simply call the claim service hotline (outside of Macau SAR and Hong Kong SAR) for claim service or scan the QR code on the medical card for more information of the medical network.

## Cashless Arrangement<sup>4</sup> for global hospitals (For Diamond only)

As a valued HSBC Flexi Medical (Diamond) customer, you can also access a vast network of worldwide medical facilities through our Global Network Hospitals and enjoy Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation. Simply call the claim service hotline (outside of Macau SAR and Hong Kong SAR) for claim service or scan the QR code on the medical card for more information of the medical network.

Take these simple steps to enjoy cashless convenience

1



### Book appointment

Book your consultation with your doctor directly.

2



### Find an applicable network hospital

Simply call the claim service hotline (outside of Macau SAR and Hong Kong SAR) for checking an applicable network hospital.

3



### Pre-authorisation request submission

The hotline staff will advise you on the next steps and also assist you to obtain the pre-authorisation request form. You need to fill in and sign the form and ask your attending doctor to fill in the relevant sections.

4



### Receive pre-authorisation confirmation

Upon receipt of all required documents, you will be informed about the result of the pre-authorisation request and the limit within 5 to 7 working days via telephone and you will receive a confirmation letter.

5



### Pre-authorisation notification to hospital

Your hospital will be notified of the pre-authorised limit.

6



### Receive treatment<sup>3</sup>

Present your personal identification document and medical card at the network hospital for admission or day case procedure.

During confinement and before your discharge from hospital, you can also enjoy the Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation.



# How to make a medical claim

## Post-treatment procedures

Upon discharge/after treatment	After discharge/treatment	Shortfall <sup>5</sup> payment
We will settle the bill directly with the network hospital on your behalf based on the pre-authorised limit.	In case of any shortfall, a shortfall advice with details will be sent to you once a claim assessment has been completed.	You are required to settle any shortfall payment either by cheque or direct debit from your nominated bank account.

### Important notes

- Please note that insufficient or incorrect information provided in the pre-authorisation form may delay the approval process.
- All paid and outstanding expenses (including the expenses for items which may be covered) remain your responsibility until the expenses have been confirmed by the Company to be eligible under your policy.
- The charges payable by the Company shall cover eligible items under your policy schedule only and shall not, under any circumstances, exceed the maximum limit of the benefit or overall annual benefit limit set out in your policy schedule.
- You will bear any charges to be paid to the attending doctor for filling out a pre-authorisation form and claim form. The Company reserves the right to limit your eligibility for future pre-authorisation and Cashless Arrangement service if any shortfall has not been settled.
- If, for any reason, Cashless Arrangement is not approved or applicable, you will have to settle the bill first and claim reimbursement up to the maximum limit of the benefit or overall annual benefit limit under your plan option as per the terms and conditions set out in your policy.
- In some circumstances, we will not approve the pre-authorisation for reasons including but not limited to the following: (i) the treatment, procedure, medication, test or service is not medically necessary or (ii) the condition concerned is considered to be excluded by the policy.

## Pay and claim

For treatments or medical services under the following circumstances, you will need to settle the bill first and eligible expenses will be reimbursed to you under the terms of your policy:

- Pre-authorisation not approved;
- Confinement or day case procedure in private hospitals without Cashless Arrangement;
- Confinement in the public/private ward of a Macau/Hong Kong public hospital;
- Pre-authorised limit exceeded; and/or
- Pre- and/or post-confinement consultation.

All claims should be submitted within 90 days after the date of discharge from hospital or the date on which the relevant medical service is performed and completed. When you are settling the bill, please ask the attending doctor to complete a claim form with the following documents:

- Discharge summary;
- Breakdown of charges; and
- Doctor's charge slip providing the required medical information (eg diagnosis, name of the medical procedure and the surgeon).

A claim form can be obtained from our website or by calling the policy and claim service hotline. To claim reimbursement, please submit the original receipts, the duly completed claim form and/or discharge summary and related medical information to the correspondence address of the Claims Department.

Insured persons of **HSBC Flexi Medical** are exclusively entitled to our **Medical Concierge Service** (except complimentary limousine service, for insured person of HSBC Flexi Medical (Diamond level) only). Please contact the **Medical Concierge Service hotline** to inquire about the service you need. For details, please refer to the next section: **Value-added Services**.

1. The availability of Cashless Arrangement is subject to the (a) applicable benefit limits, deductible (if any) and exclusions under the relevant terms and benefits of the policy; and (b) acceptance of Cashless Arrangement by network hospitals; (c) Cashless Arrangement is applicable to network hospitals subject to the policy's terms and conditions; (d) the preference of out-of-HLMN doctors on the choice of network hospitals; and (e) the admission right of out-of-HLMN doctors to network hospitals.
2. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the relevant policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the terms and benefits of the relevant policy. Only eligible medical expenses within the pre-authorisation limit for necessary and specified medical treatments will be covered through Cashless Arrangement.
3. You are required to present your identification documents and medical card to the network hospitals during registration for Cashless Arrangement. Otherwise, you are not entitled to Cashless Arrangement.
4. This service is provided by a third party service provider which is an independent contractor and is not an agent of the Company. The Company shall make no representation, warranty or undertaking as to the availability of the services and shall not be liable to the policyholder or the insured person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the policyholder or the insured person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the third party service provider or its agent, or the availability of such services.
5. The shortfall is the amount we paid to the network hospitals for items which are not covered under the policy or items which exceed the maximum limit of the benefit or overall annual benefit limit of your plan option.

# How to make a medical claim

In the unfortunate event of the death of an insured person under the policy, the beneficiary/claimant may follow the steps below to notify us, and the compassionate death benefit shall be payable to the beneficiary in the amount as specified in the Benefit Schedule after 7 working days provided that all required documents have been duly submitted.

## Required documents

**1** **HSBC death claim form** completed by beneficiary/claimant (Part I).

- 2**
- Certified true copy of the death certificate;
  - Copy of the insured person's ID;
  - Copy of the beneficiary's ID or administrator's/executor's ID if there is no designated beneficiary;
  - Copy of proof of relationship between the insured person and the beneficiary;
  - Copy of proof of residential address for the most recent 3 months; and
  - Original policy.

**3** **Certified true copy of Letters of Administration/Probate** if there is no designated beneficiary.

**4** Other **proof-of-death documents**, subject to conditions and the Company's claim decision on a case-by-case basis.

## Claim submission



By post to the correspondence address of the Claims Department, HSBC Life (International) Limited, Macau Branch; or;



Contact our Tele-claims consultant for assistance.

Remark: We will inform you if further information or documentation is required during the claim process.

## Worldwide emergency assistance service

If you require assistance, please call our 24-hour Worldwide Emergency Assistance Service Hotline, which operates in English, Cantonese and Mandarin. Our emergency response team will be ready to help arrange overseas hospital admission deposits, emergency medical escort and post-treatment repatriation. Legal referral services as well as medical and travel information can also be provided.

In the event of overseas emergency hospitalisation, the Assistance Company<sup>1</sup> will, to the extent practicable, make available up to USD7,000 for your hospital admission deposit. You or your representative will be required to provide a valid credit guarantee before accessing the service. Please be reminded that the Assistance Company shall not be responsible for any third-party expenses, which are the insured person's sole responsibility.

## Second medical opinion<sup>2</sup>

If you are unfortunately diagnosed with any of the critical illnesses listed below, we can help you obtain a second medical opinion upon request from a network doctor<sup>3</sup> or other medical experts in Hong Kong.

List of covered Critical Illnesses or Disabilities:

Brain tumour

Cancer (surgical procedures only)

Cardiomyopathies

Carotid artery endarterectomy

Complex gynaecological disorders

Coronary artery surgery/Angioplasty

Eye conditions requiring procedural/operative intervention - excluding simple cataracts/and refractive corrective surgery

Hepatitis

Infectious disease of the intestines

Orthopaedics: joint replacement; complex surgical hand conditions; rotator cuff injury

Stroke

Valvular heart disease/heart valve replacement or repair

# Value-added services

You can obtain a second medical opinion by taking the following steps:



## Step 1

Call the policy and claim service hotline after you've received the initial diagnosis from your doctor.



## Step 2

We will walk you through the process of obtaining a second medical opinion, gather information on your diagnosis, and verify and process your request for a second medical opinion from a medical expert.



## Step 3

We will give you information on the designated network doctor or medical expert.



## Step 4

You need to confirm whether you agree to proceed with this second medical opinion service by signing a written consent form.



## Step 5

Generally speaking, the second medical opinion will be ready within 10 working days after all information has been gathered. Processing times may be longer for complicated cases.



## Step 6

We will arrange a face-to-face consultation with the network doctor or medical expert to go through in detail the second medical opinion with you.

### Important notes

The Company only provides the service of arranging an initial consultation with a network doctor or another medical expert and cover the consultation fee of such initial consultation. Any expenses (including but not limited to any medicine, follow-up consultations, additional tests or treatments) requested by the network doctor or medical expert will not be payable unless the relevant medicine, follow-up consultations, additional tests or treatments are medically necessary and covered according to the terms and conditions of your HSBC Flexi Medical. The Company assumes no liability for any medical opinion provided by the network doctor or medical expert arranged by us. You will not be entitled to this service if your critical illness has been excluded under the terms and conditions of your HSBC Flexi Medical policy. For more details, please refer to such terms and conditions.

1. These services are provided by the Assistance Company which is an independent contractor and not an agent of the Company. The Company shall make no representation, warranty or undertaking as to the availability of the services and shall not be liable to the policyholder or the insured person in any respect of any losses, damages, expenses, suits, actions or proceedings suffered or incurred by the insured person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the Assistance Company or its agents, or the availability of such services. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.
2. The second medical opinion service is available in Hong Kong only. The second medical opinion is provided by a medical service provider who is an independent contractor and is not an agent of the Company. The Company shall not be held responsible for or liable to the policyholder or the insured person for anything in relation to the medical opinion given by the medical service provider and/or hospital. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.
3. Network doctors listed in the network directory are subject to change from time to time at the Company's sole discretion without prior notice. Network doctors are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by the network doctors, and shall not be responsible for any act or failure to act on the part of the network doctors.

## Medical Concierge Service

If you (as an insured person) ever require medically necessary treatment, you may receive support from our Medical Concierge Consultant via the Medical Concierge Service hotline. Whether you prefer a network or non-network doctor, we may assist you with making medical appointments, as well as handling insurance-related documentation including standardise to pre-authorisation for hospital admission and claim submission for reimbursement.

### **For insured person of HSBC Flexi Medical (Diamond level) only**

You may also enjoy a complimentary round-trip limousine service from home/work to hospital in downtown location for in-patient treatment within Macau or within Hong Kong. Service is not applicable for cross border transfer between Hong Kong and Macau. A reservation of at least one working day in advance is required, subject to the detailed terms and conditions of Medical Concierge Service and availability of a limousine from our service provider at the relevant time.



#### Step 1

Call the **Medical Concierge Service hotline** when you require medically necessary treatment. A dedicated Medical Concierge Consultant will be assigned to you.



#### Step 2

Your dedicated Medical Concierge Consultant will arrange all medical appointments on your behalf based on your preferred dates and times.



#### Step 3

The Medical Concierge Consultant will assist you to fill in the Pre-authorisation Form (Form I); and such form will need to be subsequently reviewed, confirmed, signed and returned by you. Also, please ask your attending doctor to fill in the relevant sections (Form II) of the Pre-authorisation Form.



#### Step 4

We will inform you on your pre-authorisation status.



#### Step 5

Simply present your valid personal identification documents at the chosen network hospital for pre-authorised cashless admission.



#### Step 6

Upon discharge, if you opt for reimbursement procedures<sup>#</sup>, the Medical Concierge Consultant will assist you to fill in the claims form (Part I); and such form will need to be subsequently reviewed, confirmed, signed and returned by you. Also, please ask your attending doctor to fill in the relevant sections (Part II) of the claims form. We will follow up the case proactively and keep you posted on the claims status.

<sup>#</sup> Please refer to Pay & Claim section on page 8.

Disclaimer: Medical Concierge Service is not intended for emergency. If you require urgent medical assistance, please directly call for ambulance or go to hospital instead of requesting for transportation arrangement or doctor appointment via Medical Concierge Service.

# Value-added services

Please see further information on terms and conditions of Medical Concierge Service:

Medical Concierge Service is not a part of the policy in respect of HSBC Flexi Medical Insurance Plan ("HSBC FMIP"). This is a service that might not be available at all times for the Eligible Customers in respect of the Relevant Policy issued in respect of the HSBC FMIP. For more details of the Medical Concierge Service, please refer to the detailed terms and conditions on our websites: <https://www.hsbc.com.mo/insurance/products/medical/flexi/>, or contact Medical Concierge Service hotline.

A brief summary of some of the terms and conditions of Medical Concierge Service as follows:

- a) Medical Concierge Service is applicable to Eligible Customers in respect of HSBC FMIP, subject to all the terms and conditions herein.
- b) Regarding Medical Concierge Service, "Eligible Customers" shall mean eligible insured person(s) in respect of the Relevant Policy issued in respect of HSBC FMIP.
- c) Medical Concierge Service shall only be applicable for matters concerning the Relevant Policy for Eligible Customers, subject to all the terms herein.
- d) Any policyholder or person who is not an insured person of HSBC FMIP shall not constitute an Eligible Customer for the Medical Concierge Service.
- e) The Medical Concierge Service, at all times, be subject to the terms and conditions as determined by HSBC Life.
- f) The Medical Concierge Service, shall be subject to availability, under any and all circumstances. There is no guaranteed in respect of any of the following: a) Availability of a doctor or accessibility to a doctor, regardless of whether an appointment has been arranged or not; b) Availability or punctuality of the limousine arrangement (for insured person of HSBC FMIP (Diamond level) only), regardless of whether an appointment has been arranged.
- g) HSBC Life shall have the right to change and revise these terms and conditions of Medical Concierge Service (at its discretion, without any prior notice) at any time and from time to time. Any offer for Medical Concierge Service may be withdrawn and/or terminated by HSBC Life at its discretion. HSBC Life shall not be liable for any loss, damages, costs or expenses which may arise (directly or indirectly) from any change of these terms and conditions, or any exercise of HSBC Life's discretion in respect of Medical Concierge Service.
- h) HSBC Life shall not be liable for any loss, damage, costs, or injury (which may arise directly or indirectly) from any fault, failure, cancelation, delay, or exercise of HSBC Life's discretion in or relating to the performance of any matters or services under or related to the Medical Concierge Service, including but not limited to circumstances where such failure or delay is relating to:
  - i) Any matters which are beyond the reasonable control of HSBC Life or any of HSBC Life's service provider(s), or
  - ii) Any matters which could not reasonably have been foreseen by HSBC Life, or
  - iii) Any matter, delay, service, service standard, fault, omission, accident or incident relating to any service providers or independent contractors, including but not limited to any vehicle company and medical provider(s), or
  - iv) Any unavailability, or delay of any Medical Concierge Service, or any Limousine Arrangement Service, or
  - v) Quality of any service relating to the any Medical Concierge Service or any Limousine Arrangement Service.
- i) HSBC's role under the Medical Concierge Service is a facilitator, with the objective to provide specified support to Eligible Customers within HSBC Life's designated scope of services, subject to all the terms and conditions herein. Notwithstanding anything stated herein, HSBC Life does not and shall not provide any kind of the following services: a) Medical services or any kind of services which require licensing in the medical field; b) Transportation services which require licensing relating to vehicles. Eligible Customers who need emergency service or are in critical or serious condition should directly arrange for an ambulance, and should not use our Medical Concierge Service.
- j) Macau or Hong Kong transportation arrangements for limousine service may be arranged for Eligible Customers who are insured persons of HSBC FMIP (Diamond level) only ("Limousine Arrangement Service"), subject to all of the following:

Subject to all the terms and conditions, HSBC Life will assist Eligible Customers to arrange a third party service provider to arrange local limousine transportation within HSBC Life's designated scope of limousine service areas in Macau or in Hong Kong during the term of the Relevant Policy from home/workplace to Hospital (as defined in the Relevant Policy), or vice versa, provided that the use of Limousine Arrangement Service shall be restricted to those Eligible Customers who need to be hospitalised for in-patient treatment in Macau or in Hong Kong. Service is not applicable for cross border transfer between Hong Kong and Macau, and vice versa; and meet the medical criteria for Limousine Arrangement Service at the relevant time ("Medical Criteria for Limousine Arrangement Service") as follows:

During the relevant period while these terms and conditions are in force, the insured person (being an Eligible Customer), as a result of a Disability (as defined in the Relevant Policy) and upon the recommendation of a registered medical practitioner (as defined in the Relevant Policy), is Confined (being Medically Necessary) in a Hospital (as defined in the Relevant Policy).

# Customer services

We are here to support you throughout your treatment and recovery. Below are some useful numbers and contacts should you need assistance at any point while your policy is in force.

## Customer hotlines

Type of services	Hotline	Service hour
General enquiry hotline	Tel: (853) 2821 6133	Mon to Fri from 9am to 8pm, Sat from 9am to 1pm, except public holidays
Claims service hotline	Tel: (853) 2821 6133/ (852) 3128 0122	Mon to Fri from 9am to 6pm, except Saturday, Sunday and public holidays
Worldwide emergency assistance service	Tel: (853) 6262 1463	24-hour
Medical Concierge Service hotline	Tel: (853) 2821 6133/ (852) 3128 0122	Mon to Fri from 9am to 6pm, except Saturday, Sunday and public holidays

## Other services

Type of services	Information
HSBC website	<a href="http://www.hsbc.com.mo">www.hsbc.com.mo</a> (HSBC Macau > Insurance > HSBC Flexi Medical Insurance Plan)
Claims form/ Pre-authorisation form download	<a href="https://www.hsbc.com.mo/help/forms-and-downloads/">https://www.hsbc.com.mo/help/forms-and-downloads/</a>
Pre-authorisation request	Email address: <a href="mailto:lifecclaimsinah@hsbc.com.hk">lifecclaimsinah@hsbc.com.hk</a>
Fax number (individual medical claims)	(852) 3418 4976
Correspondence address	HSBC Life (International) Limited, Macau Branch. 1/F, Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau.

This User Guide is for your information and reference only. It is only a partial and general description of the features and benefits of HSBC Flexi Medical Insurance Plan (“HSBC Flexi Medical” or “your policy”). It is neither a Policy Provision nor any part of the same. All terms and conditions of your HSBC Flexi Medical Insurance Plan are stated in your Policy Provisions and policy schedule. If there are any discrepancies between this User Guide and your Policy Provisions and policy schedule, your Policy Provisions and policy schedule shall prevail.

The above policy is underwritten by HSBC Life (International) Limited, Macau Branch (“the Company”, “we” or “us”). The Company is authorised and regulated by the Autoridade Monetária de Macau to carry on long-term insurance business in the Macau Special Administrative Region.

March 2023

**Go to website**  
**Book appointment**  
**Arrange call back**

**[www.hsbc.com.mo/insurance](http://www.hsbc.com.mo/insurance)**  
**[appointment.hsbc.com.mo](http://appointment.hsbc.com.mo)**

