

PICS 2021May

HSBC Flexi Medical Insurance Plan Pre-authorisation Form – Non-Network**滙健優越醫療保險計劃預先批核申請表 – 非醫療網絡**HSBC Life (International) Limited, incorporated in Bermuda with limited liability (the “Company” or “HSBC Life”)
滙豐人壽保險(國際)有限公司(註冊成立於百慕達之有限公司)(「本公司」或「滙豐保險」)**Five Simple Steps 簡易五步驟**

1	Contact HSBC Life Medical Claims Service Hotline to enquire your benefit eligibility and coverage. 致電滙豐保險預先醫療索償服務熱線，查詢您可享有的醫療保障資格及保障範圍。 Tel 電話：(853) 2821 6133 / (852) 3128 0122
2	i. Complete the Pre-authorisation Form I and invite your attending physician/surgeon to complete Pre-authorisation Form II. 填妥預先批核申請表第一部分及由您的主診醫生／外科醫生填妥預先批核申請表第二部分。 ii. Send the completed Pre-authorisation Form to HSBC Life at least 3 working days prior to admission/treatment by email. 於入院／治療前至少三個工作天將已填妥的預先批核申請表電郵給滙豐保險。 iii. Upon our receipt of all required documents, we will notify you the result within 3-5 working days. 當收妥所需文件後，我們會在三至五個工作天內通知您有關結果。 Method of Submission 遞交方式 Email 電郵地址：lifeclaimsina@hsbc.com.hk If you submit your application by mail, the approval process will be delayed. 如您以郵寄方式遞交申請，有關批核將會延誤。 If you submit the Pre-authorisation Form outside office hour (office hour: 9am to 6:00pm, Monday to Friday), we will proceed the application in next working day. 如您於非辦公時間(辦公時間：星期一至星期五上午九時至下午六時)遞交申請，我們將於下一個工作天處理有關申請。
3	Upon the approval of pre-authorisation, we will issue a “Pre-authorisation Confirmation Letter” stating the approved details including credit limit to you. 預先批核一經成功核准，我們會通知您有關預先批核詳情，並發出「預先批核確認信」給您列明有關安排，包括預先批核掛賬額。
4	Direct Billing Service 直接結算服務 We will issue a “Letter of Guarantee” stating your pre-authorized limit to the non-network hospital/healthcare facility prior to your admission. 我們會於您入院前發出「付款保證書」包括預先批核保證額給非網絡醫院／醫療機構。
5	Upon discharge/after the treatment, HSBC Life will settle the bill directly with the designated non-network hospitals for eligible medical expenses within your pre-authorized limit. Once HSBC Life has completed the claims assessment, if there is any shortfall, a “HSBC Flexi Medical Insurance Plan Claim Settlement Notice” with details will be sent to you 14 days prior to the shortfall collection. 出院／完成治療後，滙豐保險將直接向非網絡醫院支付預先批核保證額內的合資格醫療費用。滙豐保險完成賠償評估後，如有任何賠償差額欠款，將於收取款項前14天向您發出「滙健優越醫療保險計劃賠償通知書」，列明有關細節。

Please Note 請注意：

- Non-network doctor may charge to fill out this Pre-authorisation Form completion and HSBC Life is not responsible for such charge being incurred.
非網絡醫生或要求收取填寫預先批核申請表之費用，滙豐保險將不會承擔此費用。
- Final decision of pre-authorisation application or direct billing approval is subject to the discretion of HSBC Life.
滙豐保險會保留預先批核申請或直接結算批核之最終決定權。
- If any expense(s) incurred under exclusions of the policy, the pre-authorisation application and/or direct billing application will be rejected.
如有任何保單不受保項目之費用，預先批核申請及／或直接結算申請將會被拒。
- You will be required to provide treatment information and authorise HSBC Life to charge and collect any shortfall (i.e. the amount we paid to the non-network hospital/healthcare facility for any and all items which are not covered under the plan or exceeds the benefit limit), if any, from your designated bank account. For more details, please refer to Pre-authorisation Form Part I or Medical Insurance Application Form (if applicable).
您將須提供治療資料及授權滙豐保險從您指定的銀行戶口中收取賠償差額欠款(即我們向非網絡醫院／醫療機構支付了不受醫療計劃保障或超出保障限額之項目的有關費用)(如有)，詳情請參閱預先批核申請表第一部分或醫療計劃申請表(如適用)。
- The actual date of claims notification of direct billing depends on the submission of required documents by non-network hospital/healthcare facility.
直接結算賠償通知的實際日期需視乎非網絡醫院／醫療機構遞交所需文件的時間而有所不同。
- In case the actual medical expense exceeds the pre-authorized limit stated in the “Letter of Guarantee”, you will need to settle the balance directly with non-network hospital/healthcare facility and submit a claim with Claim Form and original receipt(s) for assessment to HSBC Life afterwards. (Payment of charges for any items not covered under the plan will have to be borne by you).
如實際醫療費用超出「付款保證書」列明之預先批核保證額，您須直接向非網絡醫院／醫療機構支付餘款，並向滙豐保險提交索償表及正本收據申請賠償(不受此醫療計劃保障的項目之有關費用須由您自行承擔)。

Pre-authorisation Form I – to be completed by the insured person

第一部分 – 由受保人填寫

For the application of Direct Billing Service at Non-Network Hospital/Healthcare Facility, please complete below information in English or Chinese.

請以英文或中文填寫以下資料作非網絡醫院／醫療機構之直接結算服務申請

A. Plan Details 保單資料			
1. Policy No. 保單號碼	2. Name of Policyholder 保單持有人姓名	3. Name of Insured Person 受保人姓名	
4. Contact No. (Use for follow up of this pre-authorisation) 聯絡電話(用於跟進是次預先批核)			
5. Email Address (Use for follow up of this pre-authorisation) 電郵地址(用於跟進是次預先批核)			
B. Bank Account Authorisation and Declaration for Shortfall Collection 收取差額費用之銀行戶口授權及聲明			
6. Payment Method 繳費方式			
<input type="radio"/> Please debit from Policyholder's designated HSBC bank account according to the Policyholder's authorisation in the application form. (If select this payment method, Policyholder needs to provide signature in the box of "signature of account holder" for authorisation and declaration. 請根據保單持有人在保單申請表中授權的指定滙豐銀行戶口中扣款。(如選此繳費方式，保單持有人需要在「戶口持有人簽署」框內簽署以進行授權和聲明。)			
<input type="radio"/> Debit from HSBC MOP account 由滙豐澳門幣戶口扣除 ^			
Bank Name and Branch 銀行及分行之名稱 The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司		Bank No. 銀行編號	Branch No. 分行編號
Account No. 賬戶號碼			
For HSBC Integrated Account, if the debit is from the Current Account, please write the last 3 digits of the account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口，請將賬戶號碼最後3個數字寫為001。			
^ For HSBC Integrated Account, shortfall will be debited from Savings Account or Current Account. 當支賬戶口為滙豐綜合理財戶口時，賠償差額均將於儲蓄戶口或往來戶口扣除。			
<input type="radio"/> Debit from non-HSBC MOP account 由非滙豐澳門幣戶口扣除			
Bank Name and Branch 銀行及分行之名稱		Bank No. 銀行編號	Branch No. 分行編號
Account No. 賬戶號碼			
Please Note 請注意： If the receiving bank is a non-HSBC or different currency bank account, bank charges or exchange rate difference may incur which will be deducted from the amount payable by the said receiving bank, if applicable. The Company will not be liable for any charges due to different bank or currency or rejection of transaction by the receiving bank as a result of inconsistent bank account details. 如收款戶口非滙豐銀行或不同貨幣戶口，該銀行可於款項中收取服務費用或兌換差價，如適用。本公司將不會承擔任何因不同銀行或貨幣而導致被收取之費用或因銀行戶口資料不乎而被拒絕轉賬之責任。			
7. Relationship between Account Holder and Policyholder/Insured Person 戶口持有人與保單持有人／受保人之關係			
I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited to debit my bank account (as specified on this HSBC Flexi Medical Insurance Plan Pre-authorisation Form – Non-Network) to repay any medical expenses not covered by the policy and/or shortfall incurred (collectively "Outstanding Amount") and transfer the Outstanding Amount to HSBC Life (International) Limited. 本人(等)謹此授權香港上海滙豐銀行有限公司從本人之滙豐銀行戶口(列明在)[滙豐優越醫療保險計劃預先批核申請表 – 非醫療網絡]中扣除任何應償還之不受保治療費用及／或賠償差額欠款(之賠償差額欠款金額)轉賬至滙豐人壽保險(國際)有限公司的戶口。			
I/We hereby declare that the above information is true, accurate and complete; agree to fully indemnify and hold HSBC Life harmless from any loss, claim, damage, proceeding, cost, expense and liability directly or indirectly suffered or incurred by HSBC Life in connection with the disclosure of any of the information contained herein or processing any such transfer(s) or payment(s). 本人(等)謹此聲明上述之資料乃屬真實、準確及完整，並同意對滙豐保險作全面賠償擔保，不使滙豐保險因披露本授權書中之任何資料或處理任何該等轉賬或付款而直接或間接遭受或招致任何損失、申索、損害、訴訟、費用、支出及責任。			
Signature of Account Holder 戶口持有人簽署 (Must Match with Bank's Record 必須與所屬銀行記錄相同)		Signature of Joint Account Holder 聯名戶口持有人簽署 (Must Match with Bank's Record 必須與所屬銀行記錄相同)	
Name 姓名：_____		Name 姓名：_____	
ID Type & No. 身份證明文件及號碼		ID Type & No. 身份證明文件及號碼	

C. Declaration and Authorisation 聲明及授權

I hereby certify that the answers and statement given above are true and complete to the best of my knowledge and that I have withheld no material fact. 本人在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I expressly consent any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records (including but not limited to health records, but to be considered as relevant for this claim) and/or information of myself/my child (the name of my child), to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim (including but not limited to sensitive data). 本人明確同意任何知道本人／本人的子女健康情況之任何記錄(包括但不限於健康記錄, 但僅限於與本索賠有重要性的資料)及／或資料之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人／本人的子女有關且對本索賠有重要性的資料(包括但不限於敏感資料)。此授權書於本人死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

By signing below, I/we expressly 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 Personal Information Collection Statement which accompanies this form. 本人(等)在下方簽署即明確同意貴公司可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

Signature of Insured Person 受保人簽署

Name 姓名 : _____

I.D. Card/Passport No./Other ID No.
身份證／護照號碼／其他身份證明號碼 :

Date 日期(DD日/MM月/YYYY年)

Signature of Policy Holder 保單持有人簽署

Name 姓名 : _____

I.D. Card/Passport No./Other ID No.
身份證／護照號碼／其他身份證明號碼 :

Date 日期(DD日/MM月/YYYY年)

1

HOW WE COLLECT AND STORE YOUR DATA

We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of www.hsbc.com.mo and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with the Macau Special Administrative Region ('Macau') Macau law.

2

WHAT WE USE YOUR DATA FOR

We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Macau
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

3

WHO WE SHARE YOUR DATA WITH

We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

You can contact us

The Data Protection Officer
HSBC Life (International) Limited,
Macau Branch, 1/F Edf. Comercial
Si Toi, 619 Avenida da Praia Grande,
Macau

A Collect and store

We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps.

B Use

We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Macau. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained here. This is because we assume that they have given us, through you, the necessary consent for us to collect, use and share their data as explained.

C Share

We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programmes, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

D Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

We don't give your data to others for them to market their products and services to you. If we ever wanted to do this, we'd get your separate consent.

This document will apply for as long as we store your data. If we use your data for a new purpose, we'll get your consent.

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use and disclose all personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be shared to third parties as set out in this form, as well as be transferred to outside of Macau.

1

我們如何收集及儲存您的資料

我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 www.hsbc.com.mo 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據澳門特別行政區(「澳門」)法律保護您的資料安全。

您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

2

我們如何使用您的資料

我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務
例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守澳門或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

3

我們與誰披露您的資料

我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

您可聯絡我們

資料保護主任
滙豐人壽保險(國際)有限公司
澳門分公司
澳門南灣大馬路 619 號
時代商業中心 1 字樓

A

收集及儲存

我們或會

- 收集生物辨識、醫療及健康／生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

B

使用

我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括澳門或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則／算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按此所述，告知該人士我們將如何收集、使用和披露其資料。我們將假設該人士已經透過您，同意我們如上所述收集、使用和披露其資料。

C

披露

我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

D

直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本文件於我們儲存您的資料期間適用。若我們將您的資料用於新用途，則會徵求您的同意。

本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用及披露於現時或其後持有本人(等)的全部個人資料(包括敏感資料)。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能按本表格所列分享予第三方，以及被轉移到澳門以外的地區。

To: HSBC Life (International) Limited

致：滙豐人壽保險(國際)有限公司

Pre-authorisation Form II – To be completed by the attending physician/surgeon in English or Chinese

第二部分 – 由主診醫生／外科醫生以英文或中文填寫

A. Details of Insured Person (Patient) 受保人(病人)資料		
1. Name of Insured Person (Patient) 受保人(病人)姓名	2. Policy Number 保單號碼	3. I.D. Card/Passport No. 身份證／護照號碼
4. Date of Birth 出生日期 (DD日/MM月/YYYY年)	5. Age 年齡	6. Contact Number 聯絡電話 (Use for follow up of this pre-authorisation 用於跟進是次預先批核)
B. Particulars of Medical Information 臨床及入院資料		
1. Symptom(s)/chief complaint(s) presented 病徵／主訴出現		2. Onset Date 病徵出現日期 (DD日/MM月/YYYY年)
3. Diagnosis 診斷		4. Date of First Consultation 首次看診日期 (DD日/MM月/YYYY年)
5. Is it a chronic/recurrent illness 是否慢性／復發疾病 <input type="radio"/> Yes 是 <input type="radio"/> No 否 If "YES", First Onset Date 如"是" 首次病徵出現日期(DD日/MM月/YYYY年) _____		
6. Name of Hospital/Day Centre/Clinic 醫院／日間中心／診所名稱 <input type="radio"/> Inpatient 住院 <input type="radio"/> Hospital OPD 醫院門診 <input type="radio"/> Day Centre 日間中心 <input type="radio"/> Clinic 診所		7. Date of Admission/Treatment 入院／治療日期(DD日/MM月/YYYY年)
8. Bed Class 住院級別 <input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房 <input type="radio"/> Ward 大房 <input type="radio"/> Hospital Day Ward 醫院日間病房		9. Daily Doctor's Round Fee 每日醫生巡房費
10. Estimated Length of Stay 預計留院日數		11. Daily Room Charges 每日住宿費用
12. Name of Surgery/Treatment 手術名稱／治療		13. Surgery/Treatment Fee 手術／治療費用
14. Name of Medical Implant (if any) 醫療植入裝置名稱(如有)	15. Medical Implant Charges (if any) 醫療植入裝置費用(如有)	16. Operating Theatre and Materials Charges 手術室及物料費用
17. Anaesthesia 麻醉 <input type="radio"/> G.A. 全身麻醉 <input type="radio"/> M.A.C 監察麻醉 <input type="radio"/> L.A. 局部麻醉		18. Anaesthesiologist's Fee 麻醉科醫生費
19. Referral to Specialist (if any), please provide name and reason. 轉介專科醫生(如有)，請提供醫生姓名及原因。		20. Specialist's Consultation Fee 專科醫生診療費用
21. Can such diagnostic test(s) required only be available in hospital and cannot be done on an outpatient basis/at day surgery centre? If yes, please provide reason(s) 該診斷測試是否僅可在醫院進行而不能在門診／日間手術中心進行？如是，請提供原因		22. Diagnostic Test Charges 診斷測試費用
23. Can the therapeutic medication required only be available in hospital and cannot be done on an outpatient basis/at day surgery centre? If yes, please provide reason(s) 該藥物治療是否僅可在醫院進行而不能在門診／日間手術中心進行？如是，請提供原因		24. Medication Charges 藥物費用
25. If hospitalisation is arranged for physiotherapy or a surgical procedure that is normally carried out in clinic or day centre or hospital daycase/OPD, please explain why hospital stay is necessary. 如是次住院之目的為物理治療或一般門診手術或一般日間手術或一般醫院日症／門診手術，請說明留院之原因。		
26. Estimated Doctor's Fees (Total) 預算醫生費用(總計)		27. Estimated Hospital Charges (Total) 預算醫院費用(總計)
I HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true. 本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。		
Name of Attending Physician/Surgeon 主診醫生／外科醫生姓名		Signature and Chop of Attending Physician/Surgeon 主診／外科醫生簽名及蓋章
Address 地址		Date 日期(DD日/MM月/YYYY年)
Contact Number 聯絡電話		Fax Number 傳真號碼