

如何申請「智采醫療 - 免現金住院服務」?

How to apply for TheChoice Medical - Cashless Inpatient Facility?

智采醫療 - 免現金住院服務 – 簡易步驟

(適用於入住香港私家醫院)

TheChoice Medical - Cashless Inpatient Facility – Simple Steps (applicable for admission to private hospitals in Hong Kong)

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請填妥免現金住院服務申請表並於入住醫院前最少四個工作天提交給指定住院預先批核服務供應商 - 聯康醫療。
Please complete the Cashless Inpatient Facility Application Form and return to the pre-admission approval service provider, Union Concordia Medical Group (UCMG) at least 4 working days prior to admission to private hospital in Hong Kong.

傳真號碼 Fax no. : (852) 2710-8289 (Mon-Fri: 09:00 - 18:00; Sat: 09:00 - 13:00)
(852) 3010-0210 (Non-office hours)

電郵地址 E-mail : inpatient@ucmg.com

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如果您的申請獲批，聯康醫療會以電話方式通知閣下有關住院安排的細節及提供「住院付款保證書」及「聯康醫療確認書」以供入院之用。

If your application is approved, UCMG will inform you of the arrangement details by phone and will send you the "In-Patient Credit Arrangement Authorization" and "UCMG confirmation".

3

入院後，您只需填寫住院/意外索賠表的甲部。醫院將安排您的主診醫生填寫住院/意外索賠表的乙部並提交給我們。出院時，您或須繳付每年自付費或其餘額(如有)。

After admission, you only have to complete part I of the Hospitalisation / Accident Claim Form. The hospital will arrange for your attending physician to complete part II of the Hospitalisation / Accident Claim Form and submit to us. Upon discharge, you may have to pay the annual deductible or its balance (if any).

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在理賠辦妥後，您將會收到我們發出的醫療理賠通知書。如有差額，富衛會於閣下之已登記信用卡內收取。

You will receive a claims statement after the claim has been processed. If there is any shortfall, FWD will debit such shortfall amount from your registered credit card account.

注意

我們保留批核或拒絕任何免現金住院服務的申請，並在這方面保留最終決定權。若出於(包括但不限於)以下原因，我們將不予以提供免現金住院服務: (1)不受保事項而引致入院; 或(2)醫療費用超出保障金額; 或(3)您尚有差額未向我們繳付。

Notes:

Cashless Inpatient Facility will not be provided if, amongst other reason (1) hospitalization is due to conditions that are excluded from policy; or (2) the medical expenses exceeds your benefit limit or (3) you have outstanding shortfall owed to us. We have the right to approve or reject any application for Cashless Inpatient Facility and our decision in this regard shall be final.

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智采醫療 - 免現金住院服務申請表

TheChoice Medical - Cashless Inpatient Facility Application Form



請填妥此表格並於入院前最少四個工作天，以電郵方式(inpatient@ucmg.com) 或傳真(852) 2710-8289 (辦公時間: 星期一至五上午9時正至下午6時正; 星期六: 上午9時正至下午1時正) (852) 3010-0210(非辦公時間) 遞交予住院預先批核服務供應商 - 聯康醫療。如果您的申請獲批，聯康醫療會以電話方式通知閣下有關於次住院安排的細節及提供「住院付款保證書」及「聯康醫療確證書」以供入院之用。在理賠辦妥後，您將會收到我們發出的醫療理賠通知書。如有差額¹，富衛會於閣下之已登記信用卡內收取。

¹差額為富衛曾為受保人支付予醫院之任何不在受保障範圍內或超出有關保障限額的款項。

Please complete this form and send to the pre-admission approval service provider, Union Concordia Medical Group (UCMG) by either e-mail (inpatient@ucmg.com) or fax (852)2710-8289 (Office Hours: Mon-Fri: 09:00 - 18:00; Sat: 09:00 - 13:00) or (852) 3010-0210 (Non-office Hours) at least 4 working days prior to admission. If your application is approved, UCMG will inform you of the arrangement details by phone and will send you an "In-Patient Credit Arrangement Authorization" and "UCMG confirmation". You will receive a claims statement after the claim has been processed. If there is any shortfall¹, FWD will debit such shortfall amount from your registered credit card account.

¹ Shortfall means that in the event FWD has made any payment to a hospital for any expenses not covered by the policy or exceeded the Insured's eligible benefit limit of such policy.

甲部 (由被保人 / 保單持有人填寫) Part I (To be completed by Insured / Policyholder)

保單號碼 Policy No.	保單持有人姓名 Name of Policyholder	被保人姓名 Name of Insured
香港身份證號碼 HKID Card No. (只須填寫英文字母及頭4位數字) (Only provide the letters and the first 4 digits)	聯絡電話號碼 Contact Phone No.	電郵地址 E-mail Address
醫院名稱 Name of Hospital		入院日期 Date of Admission

乙部 (由被保人之主診醫生填寫) Part II (To be completed by Attending Doctor of the Insured)

請在適當方格內填上「✓」號 Please tick 「✓」 where appropriate

A. Diagnostic Details 診斷詳情

病人姓名 Name of Patient	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
診斷 Diagnosis	病徵首次出現日期 (日/月/年) Onset Date of Symptoms first appeared (DD/MM/YYYY)

B. 治療詳情 Treatment Details

醫院名稱 Name of Hospital	住房級別 Room class	<input type="checkbox"/> 普通 Ward	<input type="checkbox"/> 半私家 Semi-Private	<input type="checkbox"/> 私家 Private	<input type="checkbox"/> 套房 Deluxe
預計入院日期 (日/月/年) Estimated date of admission (DD/MM/YYYY)	預計住院日數 (日) Estimated length of stay (number of days)	手術名稱 Name of surgery		麻醉 Anaesthesia <input type="checkbox"/> 局部麻醉 L.A. <input type="checkbox"/> 全身麻醉 G.A.	
Basic diagnostic Testing 基本診斷測試: <input type="checkbox"/> 化驗 Lab <input type="checkbox"/> X光 X-ray <input type="checkbox"/> 超音波 Ultrasound <input type="checkbox"/> 其他項目 Other Items:		Advanced diagnostic imaging 影像診斷服務: <input type="checkbox"/> 磁力共振造影 MRI <input type="checkbox"/> 電腦掃描 CT scan <input type="checkbox"/> 正電子電腦掃描 PET Scan <input type="checkbox"/> 其他項目 Others:			
Was the medical condition caused by or related to the following 此病是否與下列情況有關或因其引致?					
<input type="checkbox"/> 牙科治療或手術 dental treatment or surgery		<input type="checkbox"/> 先天性·遺傳性或發育異常 congenital, hereditary or developmental conditions		<input type="checkbox"/> 濫用藥物或酗酒 abuse of drugs or alcohol	
<input type="checkbox"/> 美容或外科整形手術 cosmetic or plastic surgery		<input type="checkbox"/> 精神紊亂, 心理或精神疾病 mental, psychological or psychiatric conditions		<input type="checkbox"/> 企圖自殺或自殘 attempted suicide or self-inflicted injury	
<input type="checkbox"/> 治療過度肥胖或控制體重 obesity or weight control		<input type="checkbox"/> 濫用藥物或酗酒 abuse of drugs or alcohol		<input type="checkbox"/> 妊娠, 不育或絕育 pregnancy, infertility or sterilization	
<input type="checkbox"/> 治療過度肥胖或控制體重 obesity or weight control		<input type="checkbox"/> 企圖自殺或自殘 attempted suicide or self-inflicted injury		<input type="checkbox"/> 預防性治療或健康檢查 preventive treatment or health checks	
每日住院費 (港幣) Room & Board Per Day (HK\$)	每日醫生巡房費用 (港幣) Attendance Fee per day (HK\$)	醫院服務費用 (港幣) Hospital Services (HK\$)	手術費用 (港幣) Surgeon's Fee (HK\$)	麻醉師費 (港幣) Anaesthetist's Fee (HK\$)	手術室費 (港幣) Operating Theatre Fee (HK\$)
如是次住院純為檢驗為目的·進行診斷掃描或一般日症手術·請說明住院之原因。 If hospitalization is arranged for scans, diagnostic testing or a procedure that is normally carried out in a day case, please explain why hospital confinement is necessary.				預計是次住院總費用 (港幣) Estimated Total Costs for this hospitalization (HK\$)	

醫生資料及簽署 Doctor's Particulars and Signature

醫生姓名 (連帶資歷) Name of Doctor (with qualification)	電話號碼及地址 Telephone No. and Address
醫生蓋印及簽名 Doctor's Chop & Signature	日期 (日 / 月 / 年) Date (DD/MM/YYYY)

C. 信用卡繳付差額授權書 * 必需填寫**Credit Card Payment Authorisation for Short-fall payment*** required to complete

(如有差額，富衛將於無需事前通知下於以下登記信用卡內收取該筆差額。差額通知書及其收據將連同索償理賠表一併寄出予保單持有人。)

(If there is any shortfall, FWD will collect the shortfall from the below registered credit card without prior notice. Shortfall invoice and its receipt will be sent to policyholder together with the claims statement.)

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	持卡人姓名 Cardholder's Name
信用卡有效期至 Card Expiry Date	信用卡號碼 Credit Card No.
本人在此授權富衛從以上信用卡賬戶提取是次免現金住院服務所產生之差額(如有)。 I HEREBY AUTHORIZE FWD to collect the short-fall payment of this Cashless Inpatient Facility from the above credit card account (if any).	
持卡人簽署 Cardholder's Signature	日期 Date

D. 聲明及授權 Declaration and Authorization

保單號碼 Policy No.

- 本人謹此聲明及同意以上之資料是完全及正確。
 - 若富衛保險有限公司(「富衛」)曾為本人/受保人向醫院支付任何不在受保障範圍內或超出有關保障限額的款項差額，本人明白，本人或被保人需要繳付該筆差額予富衛。
 - 本人已細閱、明白及接受富衛之收集個人資料聲明。此外，本人承諾於遞交所需之個人資料予富衛前，本人須通知被保人(如適用)有關富衛之收集個人資料聲明(不論是否載於此申請表或由其他途徑取得)。富衛將不會就被保人未被通知的情況承擔任何責任。本人承諾會遵守個人資料(私隱)條例，並確認已獲得被保人的同意，將其個人資料移交富衛以作申請免現金住院服務之用。
- I hereby declare that the above particulars and answers are complete and true.
 - In the event that FWD General Insurance Company Limited ("FWD") has made any payment to a hospital for any expenses not covered by the policy or exceeded the Insured's eligible benefit limit of such policy to hospital, I understand that I or the insured shall pay the shortfall to FWD.
 - I have read, understand and accept the Personal Information Collection Statement ("PICS") of FWD. Besides, I undertake that I will inform/have informed the insured (if applicable) about the PICS of FWD (whether contained herein or otherwise obtained) before transferring the personal data to FWD. FWD shall not accept any liability for the insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the insured for the transfer of his/ her personal data to FWD for the purpose of applying the cashless inpatient facility.

保單持有人簽署
Signature of Policyholder日期(日/月/年)
Date (DD/MM/YYYY)

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).

7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。

- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中308號
富衛金融中心8樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
- 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。