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醫療保險 – 門診

注意：請以英文填寫姓名 **NB: Please complete the Names in English only**

MEDICAL INSURANCE - OUT PATIENT

保單編號 Policy No.	僱主名稱 Employer's Name
僱員編號 Staff No.	僱員姓名 (先填姓氏) Employee's Name (Surname first)
証書編號 Certificate No.	病人姓名 (先填姓氏) Patient's Name (Surname first)
公司專用 <i>OFFICIAL USE</i> Claim No.	與上述僱主之關係: Relationship to the above Employer: <input type="checkbox"/> 僱員 Employee <input type="checkbox"/> 僱員家屬 Employee's Dependent
Date Processed & Initial	<input type="checkbox"/> 請退回單據以便申請其他保險賠償 Please return receipts for other insurance claims.

隨表附上 **DOCUMENTS ENCLOSED:**

- 註明病症及醫生簽署之門診收據 Physician's Receipt(s) with Diagnosis and Physician's Signature
- 中醫治療之索償，必須一併遞交中醫師發出的正式收據及藥方。For Chinese Medicine Practitioner's Claims, both ORIGINAL receipt(s) and prescription must be submitted.
- 專科醫生*/物理治療*/脊骨治療*/X光及化驗*/藥物處方*之醫生介紹信 Physician's Referral Letter for Specialist Consultation*/Physiotherapist's Treatment*/Chiropractor's Treatment*/X-ray & Laboratory Test*/Prescribed Medicine*

*此等索償必須連同主診醫生之介紹信一併寄回 **Physician's Referral Letter is required for claims on these Benefits.**

重要事項 IMPORTANT NOTES

亞洲保險有限公司 (亞洲保險) 可以運用、保存或透露以上之個人資料予任何人仕或機構，用以審核此項索償，或提供有關服務。若需查閱或更正以上之個人資料，請聯絡亞洲保險的資料保護主任。

Any personal information collected by Asia Insurance Co., Ltd. (Asia Insurance) may be used, stored or disclosed to any individual or organization to evaluate this Claim, or to provide subsequent services. Requests for personal data access or correction may be addressed to the Data Protection Officer of Asia Insurance.

聲明及授權書 DECLARATION & AUTHORIZATION

本人現聲明上述所填報的資料正確無誤。本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險或其代理人。此授權書之影印本與正本具同等效力。

I hereby declare that the above information given is true and correct. I hereby authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to Asia Insurance or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.

僱員簽署及日期 Employee's Signature & Date

病人簽署及日期 Patient's Signature & Date