



亞洲保險  
ASIA INSURANCE

# 門診醫療保險索償表格 OUT-PATIENT MEDICAL INSURANCE CLAIM FORM

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\*必須填寫 **Mandatory** 請用大楷及正楷填寫 **Please complete in CAPITAL and BLOCK LETTERS**

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 OFFICIAL USE Claim No.	與上述僱主之關係: <input type="checkbox"/> 僱員 Employee <input type="checkbox"/> 家屬 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.

### 重要事項 IMPORTANT NOTES:

- (1) 申請門診醫療索償，門診收據需註明病症及醫生簽署。For the application of out-patient claims, Physician's Receipt(s) with Diagnosis and Physician's Signature is required.
- (2) 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.
- (3) 物理治療/脊骨治療/ X光及化驗/藥物處方必須連同主診醫生介紹信一併寄回。Physician's Referral Letter is required for claim of Physiotherapist's Treatment/Chiropractor's Treatment/X-ray & Laboratory Test/Prescribed Medicine.

### 申請人明白: The Applicant Understands this:

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### 申請人聲明及授權: The Applicant Declare and Authorize this:

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作理賠之用。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 for claims purpose. A photostat copy of this authorization shall be considered as effective and valid as the original.

病人簽署/父母或合法監護人簽署 Signature of Patient/Parent or Legal Guardian

日期 Date