

自願醫保 - 可賠償金額估算申請表 APPLICATION FORM FOR VHIS CLAIMABLE AMOUNT ESTIMATE

	1:	呆單編號	Policy No.										
第二部分 - 主診醫生報告書 (由主診醫生填寫,所有費用由受保人/保單持有人/索償人自行承擔) PART II - ATTENDING PHYSICIAN STATEMENT (To be completed by attending physician at the Insured / Policyholder / Claimant's own expenses.)													
A. 病	人資料 Particulars of Patient												
1	病人姓名 Name of Patient				:	年齡及	性別	Age a	nd Sex				
2	身份證/護照號碼 I.D. Card / Passport No.												
3	病人首次求診日 Patient first Consultation Date	1	年 Year 	I	ı	<i>)</i>	∃ Mon	th	I	⊟ Day		1	J
4	醫院/診所名稱 Name of Hospital /Clinic												
5	醫院/診所地址 Address of Hospital /Clinic												
6	預計入院/手術日期 Expected Date of Admission/Sur	rgery 1	年 Year 	L	1	<i>)</i>	∃ Mon	th	ı	⊟ Day			J
7	病人家庭醫生姓名 Patient's Family Doctor Name												
8	預計留院日數 Estimated length of stay												
9	住院病房級別或日間中心 日間中心 Class of Ward / Day case	/診所 Day	/ Centre/Clinic		私家「	Private		半私家	₹ Sem	i-Private		大房	Ward
B. 疾病/受傷詳情及有關資料 ILLNESS / INJURY DETAILS AND RELATED INFORMATION													
1	請詳細說明首次會診時之徵狀和病症 Please descr	ibe the symp	otoms and cor	mplain	ts at fir	st con	sultatio	on.					
2	發病日期 Onset date of the symptoms/conditions	1	年 Year	ı	ı)	∃ Mon	th	1	日 Day			J
3	診斷 Diagnosis								國際疫	病分類	類編碼	ICD 1	0 Code
4	是次入院是否醫療需要? Is the hospitalization/trea	tment medic	cally necessar	y?			是 Yes	3		否 No)		
	如是·請詳述。If "Yes", please give details.												
5	根據你的評估及意見,病人就是次的病况,是否可 to provide this treatment on an outpatient basis? ☐ 是 Yes ☐ 否 No 如不可以,請提供原因: If			受適當	的治療	奈? C	iven th	ne con	dition o	of the p	atient,	is it po	ssible
6	此情況是否為復發性/慢性? Is the condition recurre 如"是"·請提供首次發病日期 If "Yes", please provide 年 Year 月 Month						是 Yes	3		否 No)		
7	如是次住院/治療由意外事故引起,請提供以下詳	情:If this ho	ospitalization/	treatm	ent was	s cause	ed by a	n accid	lent, pl	ease p	rovide	details	below:
	事故發生日期 Accident Date:		年 Ye	ar	L	ı	F L	∃ Mont	h	ا	∃ Day	L	
	原因 Cause:												
	受傷位置及受傷程度 Part of body injured & extent of in	njury:											



中國人壽保險(海外)股份有限公司(於中華人民共和國註冊成立之股份有限公司) China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) HK-CL-ICLA26/202412-01 P. 1 of 2

B. 疾病/受信終情及角調資料(数) LLNESS / INJURY DETAILS AND RELATED INFORMATION (Continued) 3 病人是否典技能管生物介?如是、 類種供談性之質名及地址 is the patient referred by other physician? if yes,				保單編號	Policy No.												
#\$\frac{1}{2}	B. 疾病/受傷詳情及有關資料(續) ILLNESS / INJURY DETAILS AND RELATED INFORMATION (Continued)																
(預計費用只作参考・最終收費視平病人實際接受的治療、程序及服務而定) (The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed) 1 治療計劃或手術名稱 Treatment plan or Surgical procedure name (講提供母項手術名稱 Please provide the name of each surgery)	8 病人是否由其他醫生轉介?如是,請提供該醫生之姓名及地址 Is the patient referred by other physician? If yes, □ 是 Yes □ 否 No please give the name and address of the referring physician.																
1 治療計劃或手術名稱 Treatment plan or Surgical procedure name { 請提供每項手術名稱 Please provide the name of each surgery)	(預計費用只作參考,最終收費視乎病人實際接受的治療、程序及服務而定) (The estimated charges are for reference only.																
□ 全身麻醉 GA. □ 局部麻醉 LA. □ 監測麻醉 M.A.C 2 建議之化驗 / 影像檢查 / 其他診斷性檢查及接受該等檢查的原因 · Please list out any Lab tests/Imaging/other diagnostic investigations required for this hospitalization and reasons for the same. 3 住房及膳食費 Room and board																	
investigations required for this hospitalization and reasons for the same. 3 住房及膳食費 Room and board		□ 全身麻醉 G.A. □															
主診醫生巡房費 Attending physician's Visit Fee																	
外科醫生費(請列出明細;如有) Surgeon's Fee(with breakdown; if any) HK\$ 麻醉科醫生費(請列出明細;如有) Anaesthetist's Fee(with breakdown; if any) HK\$ 手術室費 Operating Theatre Charges HK\$ 韓項開支費 Miscellaneous Charges HK\$ 預計總費用 Estimate total fee HK\$ D. 主診醫生聲明 ATTENDING PHYSICIAN'S DECLARATION 本人謹此聲明・就本人所知所信・上述由本人提供的資料均為事實之全部・並確實無訛。本人已向病人解釋上述預算費用・並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician 地址 Address 日期 Date 「中 Year 月 Month 日 Day	3	住房及膳食費 Room and board	d						НК	\$			ŧ	尋日 P	er Day		
麻醉科醫生費(請列出明細;如有) Anaesthetist's Fee(with breakdown; if any) HK\$ 手術室費 Operating Theatre Charges HK\$ 雜項開支費 Miscellaneous Charges HK\$ 預計總費用 Estimate total fee HK\$ D. 主診醫生聲明 ATTENDING PHYSICIAN'S DECLARATION 本人謹此聲明・就本人所知所信・上述由本人提供的資料均為事實之全部・並確實無訛。本人已向病人解釋上述預算費用・並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician 地址 Address 「中Year 月 Month 日 Day 主診醫生簽署及醫院/診所蓋章 Signature of Attending Physician and		主診醫生巡房費 Attending phy	ysician's Visit Fee	e					нк	\$			 每日 Per Day				
手術室費 Operating Theatre Charges HK\$ 雜項開支費 Miscellaneous Charges HK\$ 預計總費用 Estimate total fee HK\$ D. 主診醫生聲明 ATTENDING PHYSICIAN'S DECLARATION 本人謹此聲明·就本人所知所信·上述由本人提供的資料均為事實之全部·並確實無訛。本人已向病人解釋上述預算費用·並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician 資歷 Qualification 地址 Address Bisample of Attending Physician and physician and page. Address Face Fa		外科醫生費(請列出明細;如	有) Surgeon's Fe					нк	HK\$								
競技 Miscellaneous Charges		麻醉科醫生費(請列出明細;	ist's Fee(with breakdown; if any)					нк	HK\$								
D. 主診醫生聲明 ATTENDING PHYSICIAN'S DECLARATION 本人謹此聲明・就本人所知所信・上述由本人提供的資料均為事實之全部・並確實無訛。本人已向病人解釋上述預算費用・並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician 地址 Address 「神経・神経・神経・神経・神経・神経・神経・神経・神経・神経・神経・神経・神経・神		手術室費 Operating Theatre Ch	narges						НК	HK\$							
D. 主診醫生聲明 ATTENDING PHYSICIAN'S DECLARATION 本人謹此聲明,就本人所知所信,上述由本人提供的資料均為事實之全部,並確實無訛。本人已向病人解釋上述預算費用,並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician Display 「中華 Year 月 Month 日 Day 日期 Date 日期 Date 日期 Date 日期 Date 日期 Date 日本 日本 日本 日本 日本 日本 日本 日		雜項開支費 Miscellaneous Cha	F					НК	HK\$								
本人謹此聲明,就本人所知所信,上述由本人提供的資料均為事實之全部,並確實無訛。本人已向病人解釋上述預算費用,並徵得其同意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician		預計總費用 Estimate total fee						нк	\$								
意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patient the details of the above estimated charges and have sought his / her agreement. 主診醫生姓名 Name of Attending physician 地址 Address Fight Qualification WARE THEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have explained to the patients. Fight Patients of my knowledge and belief. I have explained to the patients of my knowledge and ha	D. 主	診醫生聲明 ATTENDING PH	YSICIAN'S DEC	LARATION													
Name of Attending physician Dualification W址 Address Right and Page 1	意。I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief. I have																
Address Contact No. 年 Year 月 Month 日 Day 主診醫生簽署及醫院/診所蓋章 Signature of Attending Physician and									n								
主診醫生簽署及醫院/診所蓋章 Signature of Attending Physician and																	
	Signature of Attending Physician and									年 Y	ear	月	Month	E	Day		