How to apply for TheChoice Medical - Cashless Inpatient Facility?
如何申請「智采醫療 - 免現金住院服務」？

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

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

1	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. 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。 Fax no.傳真號碼 ： (852) 2710-8289 (Mon-Fri: 09:00 - 18:00; Sat: 09:00 - 13:00) 　　　　　　　　　　　(852) 3010-0210 (Non-office hours) E-mail 電郵地址 ： inpatient@ucmg.com.hk
2	If your application is approved , UCMG will inform you of the arrangement details by phone and will send you the "In-Patient Credit Arranegment Authorization" and "UCMG confirmation". 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。
3	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). 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)。
4	You will receive a claims statement after the claim has been processed. If there is any shortfall, bolttech Insurance will debit such shortfall amount from your registered credit card account. 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，保特會於閣下之已登記信用卡內收取。

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.

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。

Hotline 查詢熱線 (852) 3123 3344

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Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司 | 9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

香港中環德輔道中 308 號富衛金融中心 9 樓 | **T** 852 3123 3344 | **W** bolttechinsurance.hk

Cashless Inpatient Facility Application Form 2023.07   2

TheChoice Medical - Cashless Inpatient Facility Application Form
智采醫療 - 免現金住院服務申請表

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.hk) 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 shortfall[1], bolttech Insurance will debit such shortfall amount from your registered credit card account.

[1] Shortfall means that in the event bolttech Insurance 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.

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.hk) 或傳真(852) 2710-8289 (辦工時間: 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(非辦工時間) 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是次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。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]，保特保險會於閣下之已登記信用卡內收取。

[1] 差額為保特保險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。

(I) To be completed by Insured / Policyholder 由被保人 / 保單持有人填寫		
Policy no.保單號碼	Name of policyholder 保單持有人姓名	Name of insured 被保人姓名
HKID Card no. 香港身份証號碼 (Only provide the letters and the first 4 digits) (只須填寫英文字母及頭 4 位數字)	Contact phone no. 聯絡電話號碼	E-mail address 電郵地址
Name of hospital 醫院名稱	Date of admission 入院日期	

(II) To be completed by Attending Doctor of the Insured 由被保人之主診醫生填寫		
Please tick " ✓ " where appropriate 請在適當方格內填上「✓」號		
A. Diagnostic Details 診斷詳情		
Name of patient 病人姓名	Sex 性別	☐ Male 男 ☐ Female 女
Diagnosis 診斷	Onset Date of Symptoms first appeared (DD/MM/YYYY) 病徵首次出現日期 (日/月/年)	

B. Treatment Details 治療詳情

Name of hospital 醫院名稱		Room class 住房級別	☐ Ward 普通 ☐ Semi-Private 半私家 ☐ Private 私家 ☐ Deluxe 套房

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	Anaesthesia 麻醉 ☐ L.A. 局部麻醉 ☐ G.A. 全身麻醉

Basic diagnostic testing 基本診斷測試:

☐ Lab 化驗　　　☐ X-ray X 光　　　☐ Ultrasound 超音波

☐ Other Items 其他項目: _____

Advanced diagnostic imaging 影像診斷服務:

☐ MRI 磁力共振造影　　　☐ CT scan 電腦掃瞄

☐ PET Scan 正電子電腦掃描

☐ Other Items 其他項目: _____

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？

☐ Dental treatment or surgery 牙科治療或手術

☐ Congenital, hereditary or developmental conditions 先天性，遺傳性或發育異

☐ Attempted suicide or self-inflicted injury 企圖自殺或自殘

☐ Cosmetic or plastic surgery 美容或外科整形手術

☐ Mental, psychological or psychiatric conditions 精神紊亂, 心理或精神疾病

☐ Pregnancy, infertility or sterilization 妊娠, 不育或絕育

☐ Obesity or weight control 治療過度肥胖或控制體重

☐ Abuse of drugs or alcohol 濫用藥物或酗酒

☐ Preventive treatment or health checks 預防性治療或健康檢查

Room & board per day (HK$) 每日住院費 (港幣)	Attendance fee per day (HK$) 每日醫生巡房費用 (港幣)	Hospital services (HK$) 醫院服務費用 (港幣)	Surgeon's fee (HK$) 手術費用 (港幣)	Anaesthetist's fee (HK$) 麻醉師費 (港幣)	Operating theatre fee (HK$) 手術室費 (港幣)

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. 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。	Estimated Total Costs for this hospitalization (HK$) 預計是次住院總費用(港幣)

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

醫生姓名 (連帶資歷) Name of doctor (with qualification)	電話號碼及地址 Telephone no. and address

Doctor's chop & signature 醫生蓋印及簽名	Date (DD/MM/YYYY) 日期 (日 / 月 / 年)

C. Credit Card Payment Authorisation for Short-fall payment 信用卡繳付差額授權書 (* Required to complete 必需填寫)
(If there is any shortfall, bolttech Insurance 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.) (如有差額，保特保險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。)

☐ Visa ☐ MasterCard	持卡人姓名 Cardholder's name
Card expiry date 信用卡有效期至	Credit Card no. 信用卡號碼

I hereby authorize bolttech Insurance to collect the short-fall payment of this Cashless Inpatient Facility from the above credit card account (if any). 本人在此授權保特保險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)。

Cardholder's signature 持卡人簽署	Date 日期

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and 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 PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。 透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。

_____

Signature of policyholder
索償人簽名

_____

Date (DD/MM/YYYY)
日期 (日/月/年)

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Personal Information Collection Statement ("PICS")
收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the company's customer service hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司 （「本公司」） 的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。

English

中文