

# Liberty International Insurance Ltd 利寶國際保險有限公司

Member of Liberty Mutual Group

## OUTPATIENT MEDICAL CLAIM FORM 門診醫藥賠償申請表

TO BE COMPLETED BY EMPLOYEE (本欄由僱員填寫)

Name of Employer 僱主名稱		Group Policy No. 保單號碼 GHS-		Please ✓	Please ✓
Name of Employee 僱員姓名		Age 年齡	Sex 性別	<input type="checkbox"/> CON 門診	<input type="checkbox"/> MED 藥物
Name of Claimant 申請賠償者姓名 (If other than Employee) (如申請者非僱員本人)		Age 年齡	Sex 性別	<input type="checkbox"/> CHI 中醫	<input type="checkbox"/> LAB 檢驗
			Relationship 與僱員之關係	<input type="checkbox"/> BON 跌打	<input type="checkbox"/> ROU 驗身
				<input type="checkbox"/> SPE 專科	<input type="checkbox"/> MAT 分娩
				<input type="checkbox"/> PHY 物療	<input type="checkbox"/> DEN 牙科

### AUTHORIZATION

I hereby authorize any Hospital, Physician or other person who has attended me to give the Executive Officers of Liberty International Insurance Ltd, or his representative, all knowledge and information which was thereby acquired, including the history obtained and the diagnosis made. A photostatic copy of this authorization shall be as effective and valid as the original.

Date \_\_\_\_\_  
日期 \_\_\_\_\_

Employee's Signature \_\_\_\_\_  
僱員簽署 \_\_\_\_\_

#### Instructions: 提示

1. This form is to be completed by the Insured Employee/Member and separate forms must be used for different claimants (i.e. patients).  
此申請表由受保僱員/成員填寫，每表祇限一賠償申請人(即病者)使用。
2. Claim for clinical expenses should be submitted within three months of incurring such expenses.  
門診費用賠償應於三個月內申請。
3. Original bills and receipts for the claimed expenses must be attached showing the date of treatment, patient's name, diagnosis, and the attending physician's chop and signature.  
須附具詳細門診費用賬單暨收據正本，提供治療日期，病者姓名，病症及主治醫生之印鑑及簽署。
4. Claim for expenses incurred in buying medicines/drugs and/or claim for undergoing X-ray examination/laboratory tests must be supported by the attending physician's prescription and/or recommendation and the original bills/receipts from the pharmacist and/or laboratory.  
申請賠償購買藥物或X-光/醫學檢驗費用須附具主診醫生之處方或推薦書及藥房或化驗室之賬單或收據正本。

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