



# Mitsui Sumitomo Insurance Co., (H.K.) Ltd.

23/F., Bank of America Tower, 12 Harcourt Road, Central, Hong Kong

Tel: 2523 8191 Fax: 2845 3513

## OUTPATIENT MEDICAL CLAIM FORM

### 門診醫療賠償申請表

Name of Employer 僱主名稱		Policy No. 保單號碼	Please ✓	
Name of Employee 僱員姓名		Certificate No. 受保證書編號	<input type="checkbox"/> CON 門診	<input type="checkbox"/> PHY 物療
English 英文	Chinese 中文	I.D. Card No. 身份証號碼	<input type="checkbox"/> CHI 中醫	<input type="checkbox"/> LAB 化驗
Name of Claimant 申請賠償者姓名 (If other than Employee) (如申請者非僱員本人)			<input type="checkbox"/> BON 跌打	<input type="checkbox"/> CHIR 脊醫
English 英文	Chinese 中文	Date of Consultation 應診日期	<input type="checkbox"/> SPE 專科	<input type="checkbox"/> MED 藥物
			<input type="checkbox"/> OTH 其他	
			Incurred Amount 診療費用	

### AUTHORIZATION

I hereby authorize any hospital, physician and/or any other person who have treated and/or examined me, or any governmental authority and/or any other person who have information related to this claim, to furnish Mitsui Sumitomo Insurance Co., (H.K.) Ltd. or its authorized representative with any or all information and/or documents with respect to the sickness/injury and/or accident. A photocopy of this authorization shall be as effective and valid as the original.

本人茲授權持有本人健康或任何資料之醫院、醫生或其他曾為本人診治之人士或持有與此索償有關資料的政府機構或人士，可以將部分或全部有關本人傷患之病歷、診斷報告及藥方等資料給與三井住友海上火災保險（香港）有限公司或其代理人。此授權書之影印本與正本具同等效力。

Company Chop

公司蓋章 \_\_\_\_\_

Employee's Signature

僱員簽署 \_\_\_\_\_

Date

日期 \_\_\_\_\_

### Notes 備註:

- Separate claim forms must be used for different claimants (i.e. patients.)  
每份申請表祇限一位申請賠償者（即病人）使用。
- Claim for clinical expenses should be submitted within 30 days of incurring such expenses.  
門診費用索償應於三十日內申請。
- Original bills and receipts for the claimed expenses must be attached showing clearly 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，其上必須清楚列明資料包括治療日期、病人姓名、病症及主診醫生之印鑑和簽署。
- Claim for expenses incurred in buying medicines/drugs and/or claim for undergoing X-ray examination, laboratory test, physiotherapy treatment, specialist treatment, etc. must be supported by the attending physician's prescription and/or reference letter and the original bills/receipts from the pharmacist, laboratory, physiotherapist or specialist.  
如欲申請賠償藥物費用或 X-光、化驗、物理治療、專科等費用，須附具主診醫生之處方或轉介信及藥房或有關醫療機構之賬單 / 收據正本。