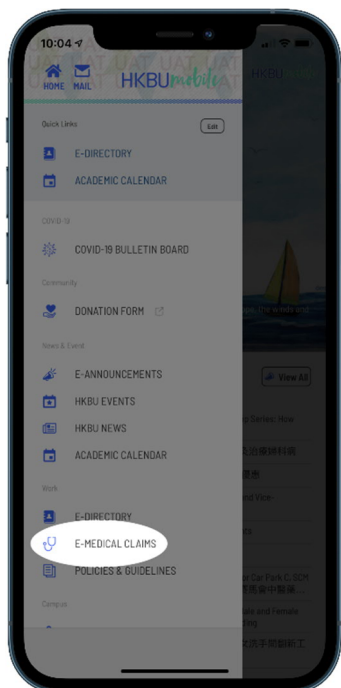
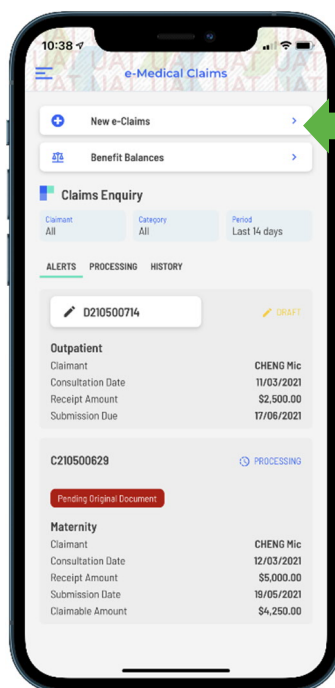


HKBU Mobile e-Medical Claims Enquiry / Submission User Guide

II. New Claims Submission

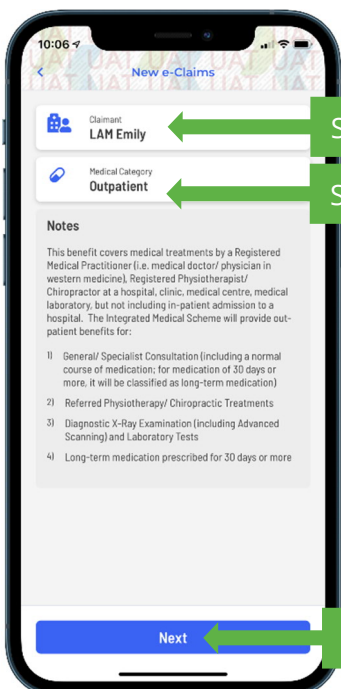


1 Click **E-MEDICAL CLAIMS** from the left menu.



Press here to start submitting a new claim

2 Press **New e-Claims** to start a new e-claim submission.



Select **Claimant**

Select **Medical Category**

Press **Next**

3 Select **Claimant** and **Medical Category**.
Only **ONE** Medical Category can be selected for each claim.

Save Claim

At any time during your submission, press the menu here to **Save Claim** as draft for submission at a later time.

Select **Consultation/Treatment Date**

Input **Name of Doctor/Clinic**

Select **Diagnosis**

Press **Next**

4 Select/Input Consultation/Treatment Date, Name of Doctor/Clinic and Diagnosis.

If you do not see an option of diagnosis that fits your consultation, select **Other Diagnosis** and input the diagnosis as written on the medical bill/receipt.

Select **Nature of Claim**

Input **Receipt Amount**

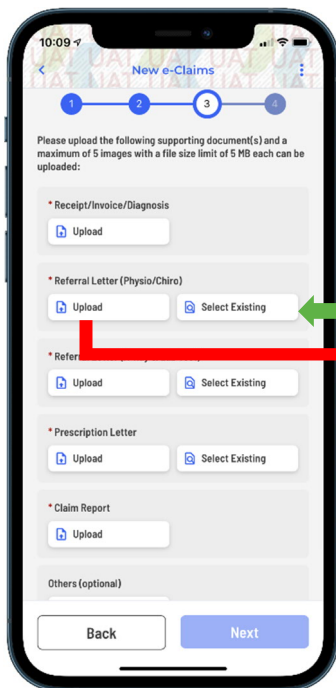
Press **Next**

Input **Receipt Amount**

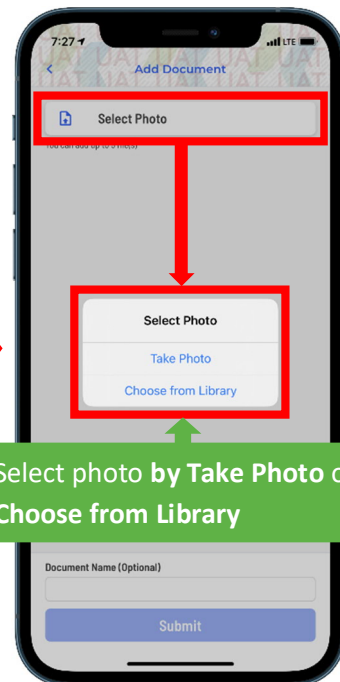
Input **Claimed Amount from Other Insurer(s)**

5 (1) Select Nature of Claim on the screen, and input the itemized Receipt Amount.

(2) If the claim is a second claim from other insurance company (i.e. HKBU Inpatient Plan or Other Personal Medical Plan), you will also need to input the itemized **Claimed Amount from Other Insurer(s)** issued by the other insurer(s).



Press **Upload** or **Select Existing**



Select photo by **Take Photo** or **Choose from Library**

- 6** Press **Upload** or **Select Existing** to upload the required supporting documents.
If the claim is a second claim from other insurance company, please also provide the payment advice(s) or settlement notice(s) issued by the other insurer(s).



Press here to **view/update** uploaded documents

Press here to **delete** uploaded documents

Press **Next**

Press **Next** to confirm and review all the documents that are being uploaded or selected.

7 Review all the information that you have provided throughout the submission.

8 Tick the box under **Declaration and Authorisation** to agree with the terms and conditions. Press **Submit** to confirm the submission.

1 [If your claim has been sample selected for checking]

Submit the ORIGINAL receipt(s) to FO from the date of submission within 30 days either:
 (i) via Campus Mail addressed to **Finance Office (Medical Team)**, or
 (ii) by postal mail to **Hong Kong Baptist University Tsuen Wan Campus, Finance Office (Medical Team), TWC206, Riviera Gardens, No.2-12 Yi Lok Street, Tsuen Wan, NT**

2 [If no sampled checking needed]

No Action Needed
 Retain ORIGINAL receipt(s) for three months counted from the completion date.

9 Final step after submission.

- (1) If your claim has been sample selected for checking, **submit the ORIGINAL receipt(s) to FO within 30 days** from the date of submission.
- (2) Otherwise, **retain the ORIGINAL receipt(s) for three months** after the claim completed processing. (Counted from the e-Claim completion date)