

**HONG KONG BAPTIST UNIVERSITY**  
**Finance Office**

**Claims Procedures for Integrated Medical Scheme**  
**(Effective 1 July 2024)**

**I. Summary of Benefits Items and Claim Forms**

Benefits Covered		Claims Procedures
<a href="#"><u>Outpatient (Western)</u></a>		Submit e-Claim via the e-Medical Claims System
Medical Consultation (GP/SP)		
Physiotherapy / Chiropractic Treatment		
X-ray & Lab Test		
Prescribed Long Term Medication		
<a href="#"><u>Gynaecological or Physical Check-up</u></a>		
<a href="#"><u>Maternity</u></a>		
<a href="#"><u>Dental</u></a>		
Primary Dental	Coverage only available at the dental service provider appointed by the University  <a href="#"><u>(addresses of clinics and opening hours)</u></a>	No Claims Procedures
Secondary Dental		Submit e-Claim via e-Medical Claims System with a completed <a href="#"><u>Secondary Dental Care Form</u></a>
<a href="#"><u>Chinese Medicine</u></a>		
Coverage only available at <a href="#"><u>Chinese Medicine Clinics</u></a> operated by the School of Chinese Medicine of the University		No Claims Procedures
<a href="#"><u>Hospitalisation</u></a> (insurance arrangement with the University’s underwriter)		
Submit the claim to University Underwriter via their internet platform or by hardcopy sent to them via post directly.		<a href="#"><u>Hospital &amp; Day Surgery Claim Form</u></a> (“the Surgical Form”)

## II. Submission of Claims and Reimbursement

- (1) Claims should be submitted **within one month (30 days)** from the date of treatment or as specified in respective sections of the claim procedures via the e-Medical Claims System. The entitled reimbursement will be deposited directly to Staff Member's salary bank account. Late submission of claims may be denied by the Finance Office.
- (2) Staff are NOT required to submit the **ORIGINAL** documents/receipts for their claims unless their claims are selected for sample checking. The e-Medical Claims System has built-in a random sampling function. If a claim is sampled at the time of submission, the staff will be requested to submit the **ORIGINAL** documents/receipt(s) together with the email printout (or marked with the given e-Claim no.) within **thirty (30) days from the submission date** via campus mail addressed to "Finance Office (Medical Team)". The claim will only be processed upon receipt of the original receipt(s). If the original receipts are not received by Finance Office within thirty (30) days, the e-Claim will be returned/rejected.

### 1. **OUT-PATIENT BENEFITS (WESTERN MEDICINE)**

- (a) Members should settle the medical bills first and claim for cash reimbursement from the Finance Office.
- (b) Submit an e-Claim via the e-Medical Claims System with uploaded official receipts issued by the clinic, which contain the following items:-
  - patient's full name
  - date of Consultation
  - **diagnosis** (*this is required for all receipts issued by Private Doctors' and self declaration for receipts issued by Government clinics or HA hospitals' out-patient departments*)
  - name of the doctor
  - stamp and signature of the doctor
  - charges for each item such as : consultation, medications and other procedures (with full details of procedures performed)
  - **Period of Prescription**

- (c) If Member has to claim the following reimbursement, a copy of the referral letter is required:

(i) X-Ray (ii) Laboratory Test	Copy of a referral letter issued by the attending Registered Medical Practitioner or Registered Chinese Medical Practitioner from the Chinese Medicine Clinics operated by the School of Chinese Medicine of the University.
(iii) Physiotherapy (iv) Chiropractic Treatment	Copy of a referral letter issued by attending Registered Medical Practitioner within an initial valid period, or  Subsequently, a copy of the receipt from the last visit is required to extend the follow-up treatment for up to 6 months immediately following the expiration of the initial valid period.

The copy of the referral letter and, subsequently, a receipt from the last visit should be uploaded to the e-medical claims system. The referral will remain valid for an initial consecutive period of six months, while the receipt from the last visit will be valid for an additional six months with the same diagnosis. Members should upload the same copy of the referral letter or the receipt from the last visit for each e-claim submission within the corresponding valid period.

- (d) Reimbursement of Long-term medications => Medications for 30 days or above:

- (i) There is an annual reimbursement **sub-limit of \$6,000** for laboratory tests and long-term medication for each member.
- (ii) The University encourages Members to purchase long term medication from licensed pharmacies. However, if Members wish to purchase such long term medication from their doctors' clinics, they are strongly advised to compare the prices of medications between their doctors' clinics and licensed pharmacies in order to protect their interest.
- (iii) For long-term medications purchased from licensed pharmacies, Member should request the attending doctor to issue a prescription or letter with issued date, diagnosis, the name of the medications prescribed, the dosage and the **duration of the prescription** duly signed by the attending doctor & doctor's chop.

- Member should upload the copy of the prescription/letter, the receipt for the medicine purchased from the licensed pharmacy for reimbursement via the e-Medical Claims System.
  - The pharmacy bill should record the name, quantities and prices of medications purchased and the name of the patient to whom it is issued.
  - Validity of the prescription/recommendation letter is for a period of 6 consecutive months from date of issue. Member should upload the same **copy of the prescription letter** for submission of **each future e-Claim** within the valid period.
- (iv) For long-term medications obtained from doctor's clinic, Member has to ask the doctor to issue a separate receipt with clear indication of all the information in 1 (b) above particularly the duration of the prescriptions.

## 2. PREVENTIVE CARE

For gynaecological / physical check-up for all eligible Staff Members aged 35 or above, Staff Member has to settle the medical bill in full first and submit an e-Claim via the e-Medical Claims System uploaded with the receipts.

Members are strongly advised to request the doctor to issue a separate receipt with clear indication of the laboratory tests undertaken as part of the routine check-up for preventive care purpose if such doctor visit including other consultation/treatment with diagnosis.

## 3. MATERNITY BENEFITS

Members claiming maternity benefits should submit an e-Claim with all relevant receipts in one lot. Members should keep the receipts for ante-natal/post-natal check-ups and hospital bill for delivery and claim for reimbursement of these incurred expenses **in one lot within 1 month after the maternity case is concluded**. If the Staff Member concerned is taking maternity leave, claim for reimbursement should be submitted **within 2 weeks after her assumption of duty**.

Members should specify the mode of delivery on the official receipts.

## 4. DENTAL BENEFITS

### 4.1 Service Provider and clinics' locations

Primary and Secondary Dental Care Coverage are only available at the clinics of the dental service provider appointed by the University ([addresses of clinics and opening hours](#)).

### 4.2 Primary Dental Care

- (a) [Primary Dental Care Benefits Coverage](#)
- (b) Member can obtain primary dental care services free of charge **upon presentation of valid staff/affiliate ID**.
- (c) Any extra service outside the scope as listed in 4.2(a) will NOT be reimbursed.
- (d) There is NO claims procedure for Members under this benefit module.

### 4.3 Secondary Dental Care

- (a) [Secondary Dental Care Benefits Coverage](#)
- (b) The University will only be responsible for a maximum of 50% of the quoted reference price list or 50% of the actual amount charged, whichever is lower. The reimbursed amount is subject to an annual cap of \$3,800 per Member.
- (c) Member should pay the bills in FULL and obtain a [Secondary Dental Care Form](#) with details of treatment completed by the attending dentist and **an official receipt** after each treatment for reimbursement.
- (d) Member should submit an e-Claim via the e-Medical Claims System by uploading the Secondary Dental Care Form and an official receipt within one month after the treatment date.
- (e) Any [extra service](#) outside the scope as listed in 4.3(a) will NOT be reimbursed.

## 5. OUT-PATIENT (CHINESE MEDICINE)

- (a) Members can consult Chinese Medicine Clinics operated by the School of Chinese Medicine of the University at a nominal fee of \$30 per visit for the first 15 visits and \$50 per visit for the 16<sup>th</sup> to the 20<sup>th</sup> visits up to a maximum of 20 visits per year **upon presentation of valid staff/affiliate ID.**
- (b) [Chinese Medicine Benefits Coverage](#)
- (c) Any extra service outside the scope as listed in 5(b) will NOT be reimbursed.
- (d) There is NO claims procedure for Members under this benefit module.

## 6. HOSPITALISATION BENEFITS

This benefit item is currently covered by the University's underwriter.

### 6.1 Hospitalisation

- (a) Member has to settle the hospital bill first and obtain an official receipt with full details from hospital as follows:-
  - patient's full name
  - period of hospitalisation or date of day ward charges or date of clinical operation performed
  - diagnosis
  - operation performed (if applicable, with full description of the procedure(s) involved)
  - name(s) of all the attending/surgical doctors
  - charges (with detailed breakdown)
- (b) Download a Hospital & Day Surgery Claim Form ("[the Surgical Form](#)") and fill in the required information by both the Member and the attending doctor.
- (c) Follow the claims procedures outlined by the Underwriter and make online submission whenever possible, as it is efficient and convenient. Alternatively, members may opt to submit their paper claims directly to the Underwriter by mail.

It is important to note that all claims must be submitted to the Underwriter **within 90 calendar days** from the date of discharge or consultation. Any submission beyond this timeframe will result in rejection by the Underwriter.

- (d) For medical claim submitted online, the Underwriter may request the original copies for audit purpose, so please keep the original documents for six months from the date of claim submission.
- (e) e-Claims service is not applicable if Members need the return of certified true copy of receipts for filing another claim to a second insurer.
- (f) All allowable reimbursements will be credited to the Staff Member's payroll bank account via autopay within two weeks upon receipt by the Underwriter if adequate information is provided. If cases are being rejected, the reason for rejection will be conveyed to Member in two weeks' time.

Notes: "Member" in the above context includes eligible staff and eligible family member(s) enrolled under the Integrated Medical Scheme (the "Integrated Scheme")

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