



# Group Health Insurance Scheme

## 團體醫療保障計劃

Hong Kong Baptist University  
Contract no. 保單號碼:  
Contract Period 保單生效期:  
1/7/2021 – 30/6/2022  
By Bupa (Asia) Limited

# Agenda 簡介

<b>Fulfillment</b> 會員文件	What will you get? 您將會收到什麼?	
<b>Benefit</b> 保障項目	<b>Coverage</b> 保障項目 <ul style="list-style-type: none"><li>• <b>Hospital &amp; Surgical Benefits</b> 住院及手術保障</li><li>• <b>Supplementary Major Medical (SMM)</b> 附加醫療保障</li></ul>	<b>Claims Procedure</b> 申請賠償程序 <ul style="list-style-type: none"><li>• <b>Hospital Claim</b> 住院賠償</li><li>- <b>HA Hospital</b> 公立醫院</li><li>• <b>e-Claim</b> 網上索償服務</li></ul>
<b>Exclusions</b> 不受保障的項目	<b>The Scheme shall not cover any treatments / expenses incurred directly or indirectly relating to...</b> 本計劃將不保障因下列各項直接或間接引致之費用....	
<b>Conversion</b> 轉保權	<b>Transfer to designated individual scheme with basic cover of hospitalization &amp; surgical benefit</b> 保柏保證會籍可轉移至指定個人醫療保障計劃的住院及手術保障	
<b>Bupa Online</b> 保柏網上查詢	myBupa	

# Fulfillment 會員文件

## Fulfillment 會員

# Member Fulfillment 會員文件

Bupa Membership Number  
保柏會員號碼

View in Hong Kong Baptist  
University's intranet  
可於香港浸會大學內聯網查詢

Schedule of Benefits  
保障福利表

View member's documents at  
myBupa 可於 myBupa 下載會籍資料

Staff Handbook  
會員手冊

# Benefits 保障項目

# Hospital & Surgical Benefits 住院及手術保障

“Hospital & Surgical Benefits” are payable for eligible medical expenses charged for sickness or injury and applicable for:

- Hospital Confinement (surgical and non-surgical)
- Day Case (surgical procedure, Non-surgical Cancer Treatment and kidney dialysis) undertaken at a clinic or day-case unit of a Hospital

“住院及手術保障”可賠償因疾病或損傷所付出之合資格費用及適用於:

- 住院 (手術及非手術)
- 日症 (診所或醫院日症房可有效地進行之手術、非手術癌症治療及洗腎)

# Hospital & Surgical Benefits 住院及手術保障

Benefit Schedule 住院及外科手術金額表	
1.	<b>Room &amp; Board</b> per day limit 住院及膳食，每日最高金額 Maximum 90 days per disability per year 每年每症最高額為90日
2.	<b>Hospital Miscellaneous</b> per disability per year limit 住院雜費，每年每症最高金額 - including drugs, dressing, general nursing, diagnostic x-ray & laboratory fees - (包括藥物, 敷料, 一般護理, X-光診斷及化驗費用) - Non-surgical Cancer Treatment (chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal Therapy) undertaken at a clinic or day-case unit of a Hospital - 於診所或醫院日症房進行之非手術癌症治療 (化療、放射性治療、標靶治療、免疫治療及荷爾蒙治療) - Kidney dialysis (haemodialysis or peritoneal dialysis as a result of chronic and irreversible kidney failure) - 洗腎保障 (因慢性和不可復原之腎功能衰竭所引致之血液透析治療或腹膜透析治療) - extended to cover MRI, CT Scan and PET Scan carried out at Hospitals, outpatient department of Hospitals, clinics or laboratory centres - 另支付於醫院、醫院之門診部、診所或化驗所進行的磁力共振掃描、電腦斷層掃描及正電子放射斷層掃描
3.	<b>Private Nursing</b> per day limit 私家看護費，每日最高金額 (subject to written referral from attending physician 必須由主診醫生建議及轉介) Maximum 90 days per disability per year 每年每症最高額為 90 日 經主診註冊西醫建議下由合資格護士於住院期間或出院後在家中提供之護理服務
4.	<b>In-patient Physician's Fee</b> per day limit 住院治療醫生費，每日最高金額 Maximum 90 days per disability per year 每年每症最高額為 90日 payable for in-patient medical attendance for non-surgical cases only 支付非手術性治療的住院醫生巡房費 one pre-hospitalisation/pre-surgery consultation 一次入院前或手術前的醫生診症費 all post-hospitalisation/post-surgery consultations within 6 weeks after discharge from Hospital or after surgery 出院後或手術後6星期內一切必需的覆診診症費
5.	<b>In-patient Specialist's Fee</b> per disability per year limit 住院專科醫生費，每年每症最高金額 subject to written referral from the attending Registered Medical Practitioner except for pathologist, radiologist or Physiotherapist who provides services during Hospital Confinement 須獲主診註冊西醫以書面轉介 (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)

# Hospital & Surgical Benefits 住院及手術保障

## Benefit Schedule 住院及外科手術金額表

- |  |
|--|
| <p><b>6. Surgeon's Fee</b> per disability per year 外科醫生手術費 - 每年每症最高金額<br/>payable for surgeon and medical attendance charges for surgical cases<br/>此保障支付外科醫生費及手術性治療的住院醫生巡房費</p> <ul style="list-style-type: none"><li>- Complex Operation 複雜手術最高金額</li><li>- Major Operation 大手術最高金額</li><li>- Intermediate Operation 中手術最高金額</li><li>- Minor Operation 小手術最高金額</li></ul> |
| <p><b>7. Anaesthetist's Fee</b> per disability per year 麻醉科醫生費用 - 每年每症最高金額</p> <ul style="list-style-type: none"><li>- Complex Operation 複雜手術最高金額</li><li>- Major Operation 大手術最高金額</li><li>- Intermediate Operation 中手術最高金額</li><li>- Minor Operation 小手術最高金額</li></ul>   |
| <p><b>8. Operating Theatre Fee</b> per disability per year 手術室費用 - 每年每症最高金額</p> <ul style="list-style-type: none"><li>- Complex Operation 複雜手術最高金額</li><li>- Major Operation 大手術最高金額</li><li>- Intermediate Operation 中手術最高金額</li><li>- Minor Operation 小手術最高金額</li></ul>  |



# Hospital & Surgical Benefits 住院及手術保障

## Benefit Schedule 住院及外科手術金額表

### 9. Out-patient Surgery Cash Allowance (per day limit) 門診手術額外現金（每日限額）

payable in addition to Surgeon's Fees for undergoing the below Clinical Operations or Day Case at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner, provided that no Room and Board Benefit is payable:

Arthroscopy, Bronchoscopy, Colonoscopy, Colposcopy, Cystoscopy, Esophagogastroduodenoscopy, Haemorrhoid Artery Ligation (HAL) / Rubber Band Ligation (RBL), Hysteroscopy, Loop Electrosurgical Excision, Procedure (LEEP), Stapled Haemorrhoidectomy

如由註冊西醫在診所或醫院日症房進行以下任何診所手術或日症，此保障將在外科醫生費之上，及在無獲得任何住房及膳食費賠償的情況下支付額外賠償：

關節鏡檢查、支氣管鏡檢查、結腸鏡檢查、陰道鏡檢查、膀胱鏡檢查、上消化道內視鏡檢查、痔瘡動脈結紮術/ 痔瘡橡皮圈結紮法、子宮鏡檢查、子宮頸電環切除術、痔瘡環狀切除手術

# Supplementary Major Medical Benefit (SMM)附加醫療保障

Room Level 住房級別	Class 1 計劃 1
	HK\$ 港幣(元)
Max. limit per disability per contract year 最高賠償額 (每人每年每症)	40,000
Reimbursement %賠償率	80%
Deductible per disability 墊底費 (每症)	500

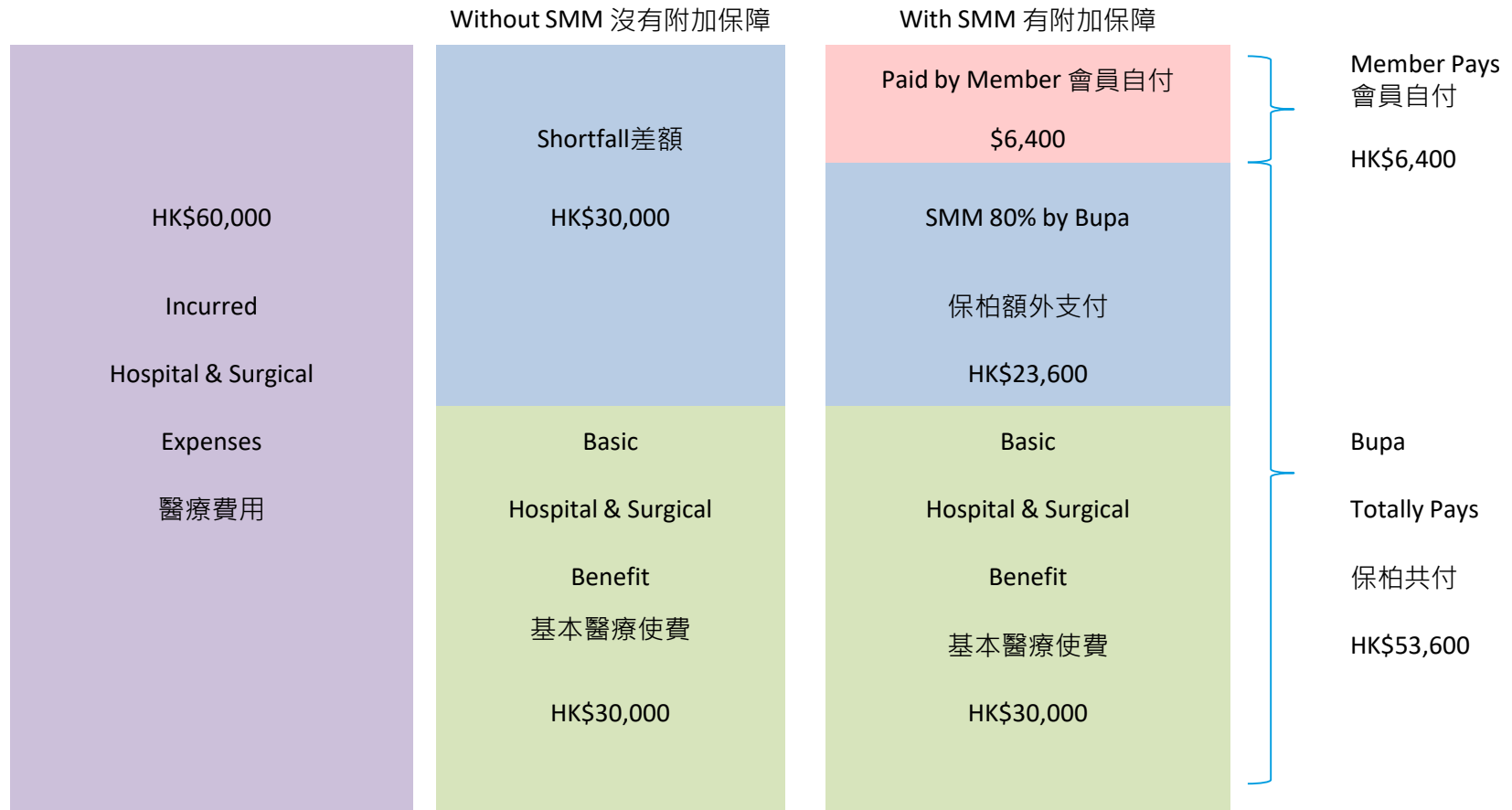
- To give extra protection for reimbursement of eligible expenses when the Hospital & Surgical Benefits are exceeded 此保障只適用於住院及手術保障耗盡後才可作出賠償。
- Applicable to 適用於:
  - Payable to Hospital Confinement, Day Case or Clinical Operation in Hong Kong (except pre-hospitalisation and post-hospitalisation follow-up visits, Psychiatric treatments Benefit, Hospital Cash Benefit, Out-patient Surgery Cash Allowance Benefit and Second Claims Incentive Benefit if applicable). 適用於在香港之住院、日症及診所手術，而住院及手術保障（入院前的門診診症費、出院後的覆診診症費、精神科治療保障、住院現金保障、日症手術額外現金保障及第二索償惠益保障除外）
  - No Benefit will be payable for Hospital Confinement in VIP suite or deluxe suite. 入住貴賓套房或豪華套房不屬此項保障範圍內。
  - If a Member is confined in a higher room level than the restricted room level under the Scheme, the eligible amount payable under this Benefit shall be subject to the following adjustment factors: 如成員入住之醫院住房級別較本計劃所指定的為高，任何按此保障可支付的賠款將須與以下調整值相乘作折讓計算：

<u>Restricted level 指定住房級別</u>	<u>Chosen level 實際入住級別</u>	<u>Revised Reimbursement Percentage 調整賠償率</u>
Ward 大房	Semi-Private 半私家房	50%
Ward 大房	Private 私家房	25%

**SMM Benefit Formula: (Eligible Expense – Deductible) x Revised Reimbursement Percentage**  
 附加醫療保障公式計算: (合資格醫療費用–墊底費) x 調整賠償率

- If a Member is confined in a Hospital where there is no classification of level of Hospital facilities and services and the average daily room and board charges incurred during such confinement is higher than the Room and Board Benefit under the Hospital and Surgical Benefit, an adjustment factor will be applied to the eligible expenses. The adjustment factor is derived from dividing the Maximum Limit of Room and Board Benefit by the average daily room and board charges incurred during the Hospital Confinement. 如成員入住之醫院並無住房級別的介定及該次住院的每日平均住房及膳食費用較住院及手術保障下之住院及膳食保障為高，則任何按此保障可支付的賠款將須與調整值相乘作折讓計算。調整值之計算為住院及膳食保障的每日最高賠償限額除以該次住院的每日實際平均住房及膳食費用。

# Supplementary Major Medical Benefits 附加醫療保障



## SMM Benefit (Paid by Bupa) 保柏共付

$$\begin{aligned}
 &= (\text{Shortfall 差額} - \text{Deductible 墊底費}) \times \text{Reimbursement \% 賠償率} \\
 &= (\$30,000 - \$500) \times 80\% \\
 &= \text{HK\$23,600}
 \end{aligned}$$

## Member's Burden 會員共付

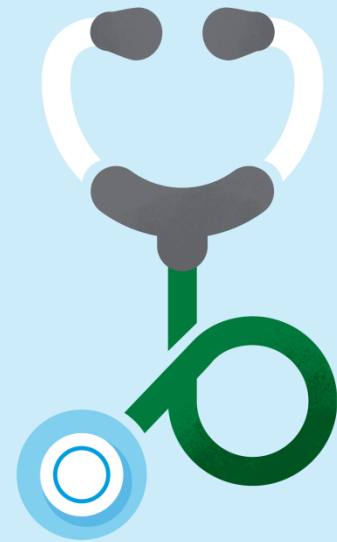
$$\begin{aligned}
 &= (\text{Shortfall 差額} - \text{SMM 附加醫療保障}) \\
 &= (\$30,000 - \$23,600) \\
 &= \text{HK\$6,400}
 \end{aligned}$$

# Supplementary Major Medical Benefits 附加醫療保障

	Standard SMM 標準	SMM with Upgrade Ward -> Semi-Private 升級至半私家房	
HK\$60,000  Incurred  Hospital & Surgical  Expenses  醫療費用	Member Pays 會員自付 \$6,400	Bear by Member 會員自付	Member Pays 會員自付
	SMM 80% by Bupa	HK\$15,250	HK\$15,250
	保柏額外支付	SMM 50% by Bupa 保柏額外支付	
	HK\$23,600	HK\$14,750	
	Basic	Basic	Bupa
	Hospital & Surgical	Hospital & Surgical	Totally Pays
	Benefit	Benefit	保柏共付
	基本醫療使費	基本醫療使費	HK\$44,750
	HK\$30,000	HK\$30,000	
	SMM Benefit (Paid by Bupa) 保柏共付	Member's Burden 會員共付	
	= (Shortfall差額 - Deductible墊底費) x Revised Reimbursement Percentage 調整賠償率	= (Shortfall - SMM)	
	= (\$30,000 - \$500) x 50%	= (\$30,000 - \$14,750)	
	= HK\$14,750	= HK\$15,250 (vs Standard HK\$6,400)	

# Claims Procedure

## 賠償程序



# Claim Procedure 賠償程序 - 住院 / 日症及診所手術



**Hospital admission / Day Case or Clinical Operation** 住院 / 日症及診所手術



Settle the bill first and claim for reimbursement  
會員先自行繳付住院費用



**Bupa Claim Form**  
With Original receipts and referral letter (if required)  
賠償文件包括賠償申請表、正本收據、轉介信 (如有)



Send to Bupa after the Day Case or Clinical Operation/discharge from hospital  
日症及診所手術 / 出院後90日內寄回保柏



Reimbursement will be made by autopay in HKD within 7-10 working days from submission with all required information  
保柏將在七至十個工作日內透過自動轉賬以港元支付賠償金額



**Late submission of claims may be declined for reimbursement**  
逾期申請將不受理

# Claim Procedure 賠償程序 – 住院 / 日症及診所手術

## For Hospital and Surgical Claims 住院賠償：

### 1. Hospital claim form 住院申請表

1. Part I – To be Completed by Member (Member no. of patient must be completed)  
填妥及簽署住院申請表及會員號碼

2. Part II – To be Completed by Attending Physician

請主診醫生填妥第二部份，簽署及蓋章

2. Attached all **original** payment receipts, doctors slips, medical reports and hospital bills  
附上所有醫療賬單收據、醫療報告及醫生收費單之**正本**

3. Attached referral letters for any specialist consultations or Private Nursing 附上專科診治或  
私家看護之醫生轉介信

4. Attached the copies of histopathology, endoscopic diagnostic / laboratory tests reports,  
and / or operating theatre summary 附上病理學、內規鏡、診斷性化驗 / 檢驗報告 / 或手術室撮要  
副本

# Claims Procedure – Hospital Claim Form

## 賠償程序 – 住院賠償表

Bupa Hospital & Day Surgery Claim Form 保柏住院及日症手術賠償申請表

For hospitalisation and day case surgeries 住院治療、醫院及日症中心手術



Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正楷填寫。必須提供病人會員編號。

<b>Membership No. of Patient 病人會員編號 (16 digits 位 MANDATORY 必須提供)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Name of Employer (for group contract only) 僱主名稱 (只適用於團體合約)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Name of Subscriber / Employee (Surname followed by Given name, please leave a space between words) 投保人 / 僱員姓名 (先填姓氏，再寫名，每組字後請留一空格)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Name of Patient (If other than Subscriber / Employee) (Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人或僱員) (先填姓氏，再寫名，每組字後請留一空格)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Occupation (For Bupa Hospital cash scheme only) 職業 (只適用於保柏住院現金保障計劃)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Date of Hospitalisation / Day Case Surgery: From 住院 / 日症手術日期</b> DD 日 MM 月 YY 年 to DD 日 MM 月 YY 年	
<b>Mobile Number 流動電話號碼</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>If hospitalisation was due to illness 若因疾病而住院</b> 1. Describe symptoms leading to hospitalisation 請列出因何不適導致是次入院 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>If hospitalisation was due to accident 若因意外而住院</b> a. Please provide details of the accident 請提供意外詳情 Date 日期: DD 日 MM 月 YY 年 Time 時間: <input type="text"/> Place 地點: <input type="text"/>	
2. Past medical consultation history – Name & address of 過往就診紀錄 – 有關醫生的姓名及地址: a. Doctor who recommended this hospitalisation 建議是次入院的醫生 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		b. How did it happen? 意外如何發生? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
b. Other attending doctor 其他主診醫生 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		c. Injured area, type and severity of injury 受傷部位、類別及傷勢 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
c. Usual medical doctor 慣常就診醫生 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		d. Has the accident been reported to police? 意外是否已報警? <input type="checkbox"/> Yes 是 (please provide a copy of the police report 請提供有關檔案副本一份) <input type="checkbox"/> No 否	
If this claim has been / will be filed with another Bupa contract or other insurer, please specify below 如是次治療已/將透過保柏其他合約或其他保險公司索償，請列明如下 Name of Insurer 保險公司名稱: <input type="text"/> Policy / Membership No. 保單 / 會員編號: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			



# Claims Procedure – Hospital Claim Form

## 賠償程序 – 住院賠償表

Declaration and Authorisation 聲明及授權書		
<p>I hereby declare that the above information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original. I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa to accept or process the claim.</p> <p>本人謹此聲明，以上所填報之一切資料，均屬真實無訛。本人並且授權任何為本人／會員觀察或治療的醫生、醫院、診所，或持有本人及／或會員健康或任何資料之保險公司或機構將本人及／或會員之全部資料(包括病歷)呈交予保柏。本授權書之副本與正本具有同等效力。本人明白，如本人及／或會員未能就本賠償申請表所需提供足夠資料，可能會導致保柏不能接受或處理本賠償申請。</p>		
<p><b>Personal Information Collection Statement 個人資料收集聲明</b></p> <p>I have read and understood the Personal Information Collection Statement on the last page of this form. I understand that I have the right to request Bupa to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.</p> <p>本人已細閱並明白本表格最後一頁的個人資料收集聲明，並明白本人有權致函保柏的保障資料主任或致電客戶服務專線，以要求保柏停止將本人／會員的個人資料作直接市場推廣用途。</p>		
<p>(MANDATORY 必須簽署)</p> <p><input checked="" type="checkbox"/> X</p> <p>Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age) 病人簽署 / 家長或合法監護人簽署(適用於十八歲以下之病人)</p>	<p><input checked="" type="checkbox"/> X</p> <p>Name (in BLOCK letters) 姓名(請以正楷英文書寫)</p>	<p><input checked="" type="checkbox"/> X Signed on 簽署之日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DD 日 MM 月 YY 年</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HKID Card No. / Passport No. 香港身份證 / 護照號碼</p>
<p>Remarks: before sending in this form, please read below Claims Submission Guidelines to expedite the process of your claim reimbursement. 備註：為加快處理閣下之賠償申請，請於交回此賠償申請表前細閱下面之提交賠償申請指引。</p>		
<p><b>Claims Submission Guidelines 提交賠償申請指引</b></p> <p>Please tick against the below items submitted with this claim form. Please note that no reimbursement of claims shall be made for (1) Claims submitted after 90 days from the date of discharge / treatment, (2) Claims with missing / Insufficient Information.</p> <p>請於提交賠償申請表時於下列項目加上✓號。請注意根據以下情況，賠償申請將不獲辦理 — (1)賠償申請表於治療日90天後遞交，(2)所需資料不足。</p>		
<p><b>Document List 文件清單</b></p> <p><input type="checkbox"/> Claim form Part I (completed by patient) 申請表第一部分 (由病人填寫)</p> <p><input type="checkbox"/> Claim form Part II (completed by doctor) 申請表第二部分 (由主診醫生填寫)</p> <p><input type="checkbox"/> Original receipts 正本收據</p> <p><input type="checkbox"/> Certified true copy of receipts (if original kept by other insurer) and/or claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及/或賠償結算通知書</p> <p><input type="checkbox"/> Hospital Authority discharge summary / discharge slip with diagnosis, if any 醫院管理局發出的出院摘要 / 診斷結果出院紙 (如有)</p> <p><input type="checkbox"/> Copies of all lab test / medical reports 化驗 / 檢驗報告副本</p> <p><input type="checkbox"/> Pre-authorisation confirmation, if any 初步保障審核確認 (如有)</p>	<p><b>Reminder on common missing information 通常遺漏的資料</b></p> <p><input checked="" type="checkbox"/> ✓ Membership number 會員編號</p> <p><input checked="" type="checkbox"/> ✓ Patient signature on Claim form Part I 病人於申請表第一部分簽署</p> <p><input checked="" type="checkbox"/> ✓ Doctor has filled in Claim form Part II 醫生已填妥的申請表第二部分</p> <p><input checked="" type="checkbox"/> ✓ Doctor signature and chop on Claim form Part II 醫生簽署及蓋印於申請表第二部分</p>	
<p>Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned. 要求退回收據的核實副本。保柏將保留收據正本。</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p>		

# Claims Procedure – Hospital Claim Form

## 賠償程序 – 住院賠償表

### Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫

Name of Patient  
病人姓名

HKID Card No. / Passport No.

香港身份證號碼 / 護照號碼:

Admission Date 入院日期  
DD 日 MM 月 YY 年

Discharge Date 出院日期  
DD 日 MM 月 YY 年

#### A. Clinical History 門診病歷

1. Patient's main symptoms / complaints during the first consultation 病人首次求診時的主要病徵 / 申訴

--

2. Date of first consultation for this main symptoms / complaints  
病人首次就此主要病徵或申訴的首次求診日期

DD 日 MM 月 YY 年

3. Patient suffered from the above symptoms / complaints for  
病人於首次求診前上述的主要病徵或申訴已存在

--

days / weeks / months / years prior to the first consultation  
日 / 週 / 月 / 年

#### B. Hospitalisation History 住院病歷

1. Date of medical procedure / treatment / diagnostic tests  
接受手術 / 治療 / 診斷掃描日期

DD 日 MM 月 YY 年

2. Operation / procedure(s) performed 手術名稱

CPT code 目前使用醫療服務術語代碼

--	--

3. Final diagnosis 最終診斷

ICD code 國際疾病分類代碼

--	--

# Claim Procedure at Hospital Authority hospitals

## 賠償程序 – 政府醫院

For confinement 適用於香港醫管局轄下醫院的「住院治療」:

***No need to ask the attending doctor to complete the Bupa Hospital Claim Form.***

毋須由主診醫生填妥「保柏住院賠償申請表」

- ❖ Bupa Hospital Claim Form with Part I – Member's Particulars completed.  
填妥「保柏住院賠償申請表」第一部份 – 會員資料
- ❖ Original Receipts 收據正本
- ❖ Sick Leave Certificate or **discharge summary with diagnosis** marked by the attending doctor.  
病假證明書 或 出院證明書 一須由主診醫生列明診斷病症。

*We may require the employee to provide further information on his/her medical history if the submitted information is not sufficient for claim processing. 倘若所提交的資料不足以審理有關索償，保柏會要求會員提供補充資料。*

# Claim Procedure – eClaims Service 網上索償服務



Home



Member Profile



Claims



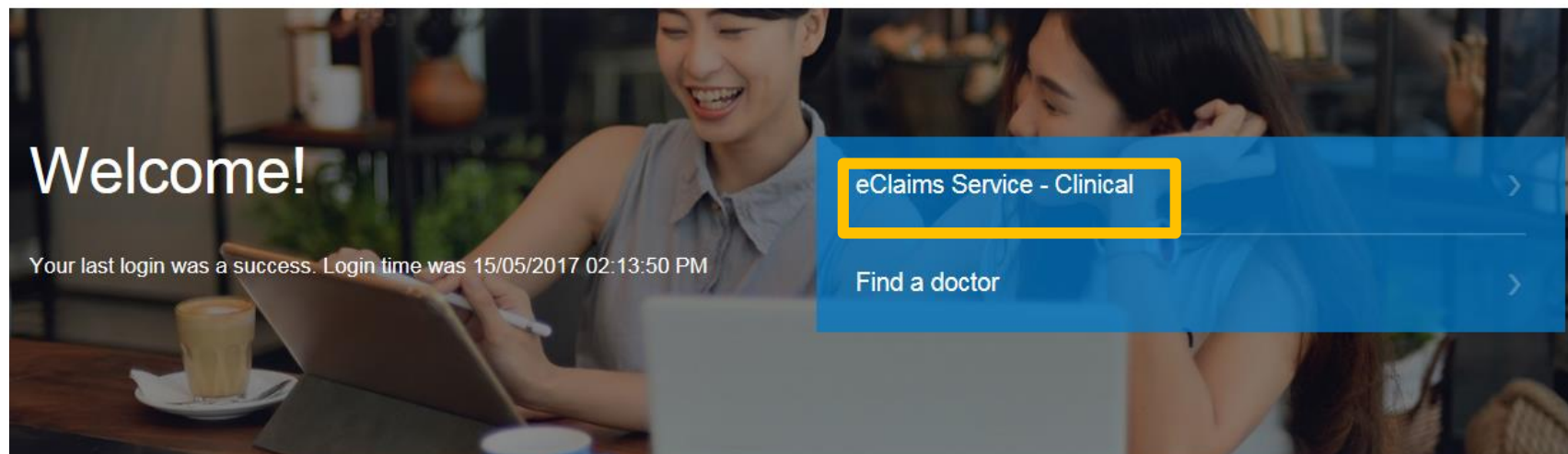
Doctors Finder



Documents



Download Forms



## eClaims Service

- Applicable to Hospital & Surgical Benefits, Day Case or Clinical Operation claims 可於網上提交住院及手術, 日症及診所手術索償
- Submit within 90 days after the Day Case or Clinical Operation/discharge from hospital 日症及診所手術 / 出院後90日內提交
- No maximum limit per receipt 每張網上索償收據不設上限
- One claim submission allow maximum 3 receipts 每次提交最多三張收據
- Maximum total file(s) size of the whole claim submission is 15Mb 每次所上載的文件不可超過15MB
- Please keep the original receipt for 180 days from the date of claim submission 請保存正文收據最少 180日(由網上遞交索償當日起計)
- Bupa may request you to provide the original receipt for auditing purpose 保柏或會要求會員提供所需文件的正本以作審計之用

# Claim Procedure – eClaims Service 網上索償服務

網上索償服務不適用於需要退回收據核實副本向其他保險公司索償

- 如需要退回收據核實副本, 請填妥賠償申請表, 連同所需賠償文件包括正本收據、轉介信(如有)、病理學、內規鏡、診斷性化驗 / 檢驗報告 / 或手術室撮要副本寄回保柏

eClaims Service not applicable if require to return certified true copy of receipts and file claim to other insurer

- If certified true copy of receipts is required, please complete claim form and submit required documents including original receipts, referral letter (if required), histopathology, endoscopic diagnostic / laboratory tests reports, and / or operating theatre summary to Bupa

# Exclusions

不受本計劃保障的項目



# Items which the Scheme does not covered

## 不受本計劃保障的項目

**The Scheme shall not cover any treatments / expenses incurred directly or indirectly relating to:**

本計劃將不保障因下列各項直接或間接引致之費用：

1. Medical expenses incurred outside Hong Kong.
2. Routine or general check-up or routine blood tests, health examinations, check-ups or tests not incidental to treatment or diagnosis of a covered disability. (Note: An annual physical/gynaecological check-up for staff aged 35 and above will be separately covered by the University.)
3. Cost incurred as a result of treatment, which is not medically necessary, or expenses not incurred as a result of accidental bodily injury, disease or sickness, as well as any experimental, investigational or unproven treatments.
4. Injuries or sickness arising prior to effective date of membership in the Scheme and which presented signs or symptoms of which the Member was aware or should reasonably have been aware of. Nonetheless, expenses incurred for such disability shall be considered covered expenses after an Insured Member has joined the scheme for six months. (Please refer to a list of pre-existing conditions for details.)
5. Treatment directly or indirectly arising from self-inflicted injuries or sexually transmitted diseases.
6. Treatment directly or indirectly arising from infertility including in-vitro fertilization or any other artificial method of inducing pregnancy.
7. Birth control or sterilization.
8. Treatments, supplies and prescribed drugs for smoking cessation programmes and the treatment of nicotine addiction.
9. Prescribed drugs used in connection with drug addiction, alcoholism, weight reduction, and treatment of baldness.
10. Treatment which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection (AIDS).
11. Treatment for congenital abnormalities or diseases.

# Items which the Scheme does not covered

## 不受本計劃保障的項目

**The Scheme shall not cover any treatments / expenses incurred directly or indirectly relating to:**

本計劃將不保障因下列各項直接或間接引致之費用：

12. Treatment (including psychological therapy and counseling and psychiatric treatment) directly or indirectly arising from any insanity, psycho-geriatrics or psychiatric condition including but not confined to psychoses, neuroses of any kind, anorexia nervosa, bulimia, schizophrenia and other behavioral disorders except that minor psychiatric conditions such as stress, anxiety and depression will be covered under out-patient benefits and for staff members only.
13. Charges for Blood and Blood Plasma.
14. Charges for procurement or use of special braces, appliances, spectacles, hearing aids, wheel chairs, crutches, any implants, contact lenses, correction of eye refraction, prosthesis, fitting of the same or other medical equipment, and non-medical services such as television, telephone and domestic use equipment and appliances.
15. Cosmetic surgery, any treatment for the purpose of beautification unless necessitated by an accident or illness during the period of membership, treatment of acne, routine eye or hearing tests, preventive vaccinations.
16. Treatment directly or indirectly arising from or consequent upon war (whether war is declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power or terrorist acts, or racing on horses or wheels.
17. Rest cures or treatment in sanatoria, clinical home care, custodial care in any setting; day care; hospice; private duty nursing, respite care.
18. Alternative treatments (such as but not limited to hypnotism, acupressure, rolfing, massage therapy, aroma therapy, and other forms of alternative treatment).



# Items which the Scheme does not covered

## 不受本計劃保障的項目

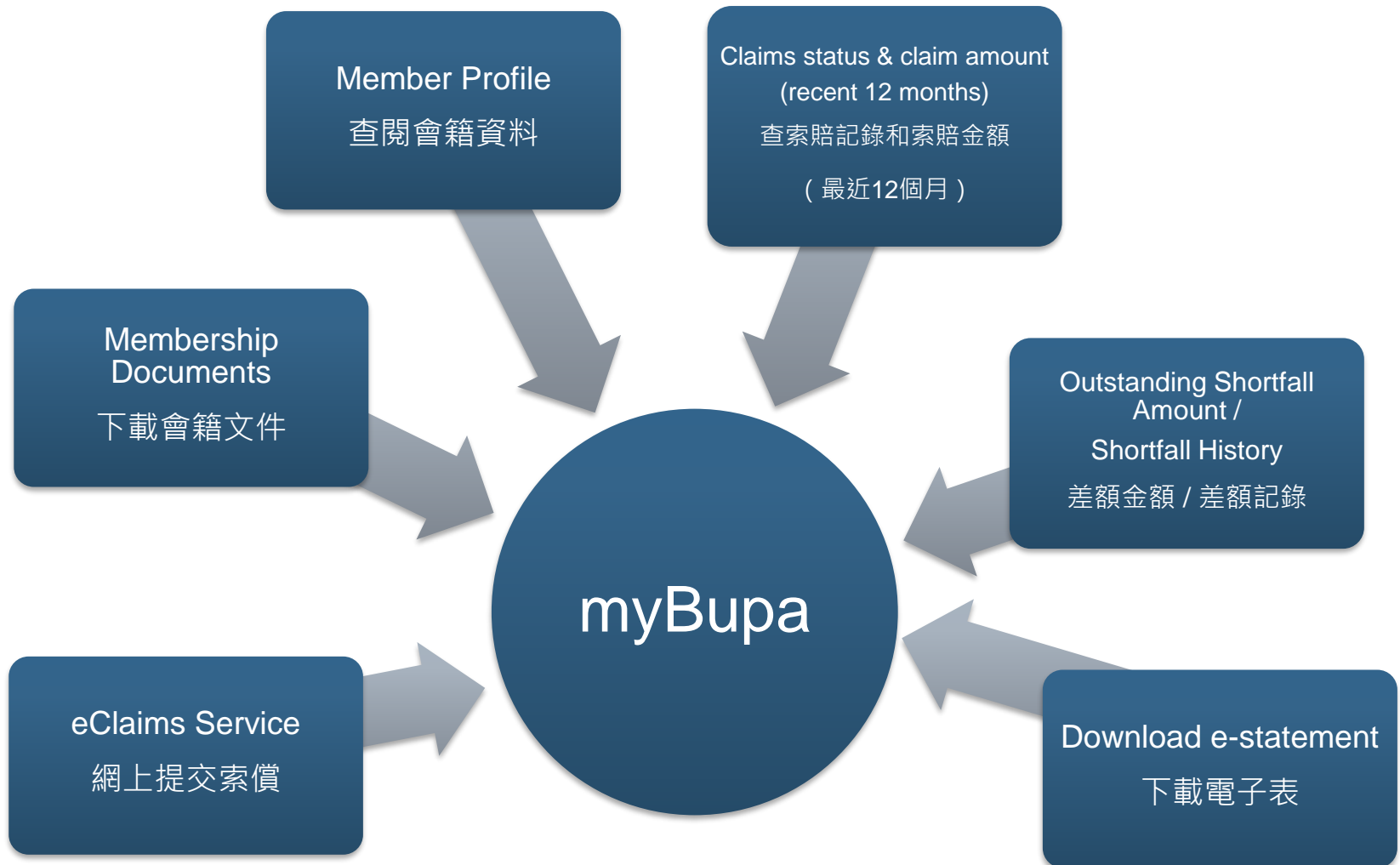
**The Scheme shall not cover any treatments / expenses incurred directly or indirectly relating to:**

本計劃將不保障因下列各項直接或間接引致之費用：

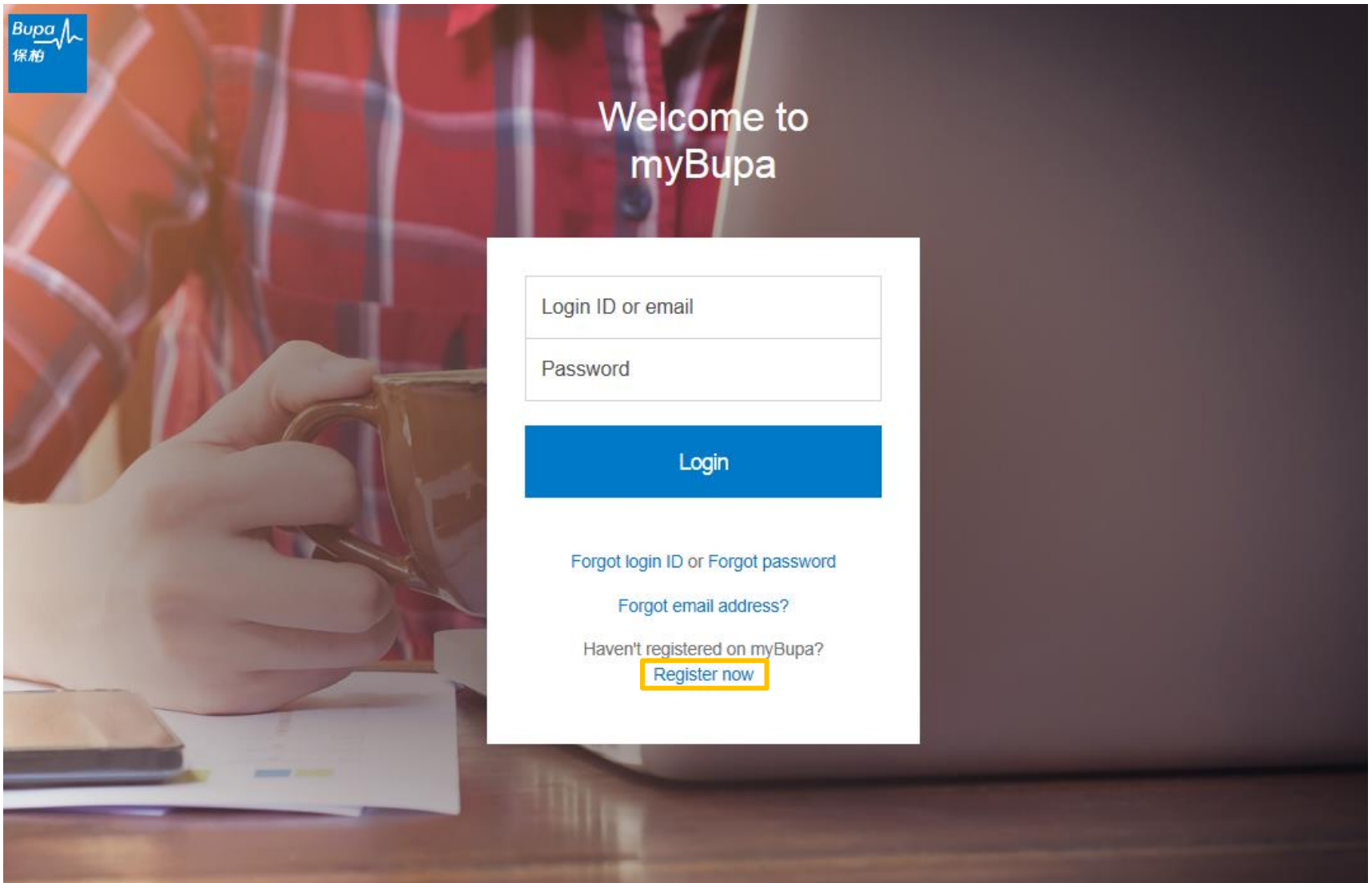
- 19. Other education treatment (such as but not limited to occupational therapy, speech improvement, health treatment classes and nutritional treatments, or group support treatments).
- 20. Room, board, general nursing care or special hospital services not in accordance with the diagnosis and treatment of the condition for which the hospital confinement is required.
- 21. Any treatment not performed or referred by registered medical practitioners.
- 22. Expenses that are recoverable from a third party.

# Bupa Online





# myBupa – First time registration 首次登記

The image shows a digital interface for the myBupa portal. In the top left corner, there is a blue square logo with the word 'Bupa' in white and a white heartbeat line, with the Chinese characters '保柏' below it. The main heading 'Welcome to myBupa' is centered in white text. Below this, there is a white login form with two input fields: 'Login ID or email' and 'Password'. A blue 'Login' button is positioned below the password field. Under the login button, there are three links: 'Forgot login ID or Forgot password', 'Forgot email address?', and 'Haven't registered on myBupa?'. The last link is followed by a yellow-outlined button labeled 'Register now'. The background of the interface is a blurred image of a person's hand holding a brown mug, with a red and white plaid shirt visible in the upper left.

# myBupa – First time registration 首次登記

## Step 1: Get started

Please enter the correct membership number, HKID, and date of birth.


\* Mandatory

Membership no. \*

 - 

HKID/Passport no. \*

Date of birth \*



**Submit**

**membership number on**  
Bupa card & personal  
details  
輸入會員編號及個人資料

## Step 2: Account Creation

Before creating your login ID, we need to verify your email. Please enter your email address, then click "Send Verification Code," to get the code sent to your email. Enter the verification code in the field within 15 minutes. If needed, you can request for another verification code by pressing "Resend Code."

Email address \*

Mobile no. \*

Create Login ID \*

Create password \*

Confirm new password \*

**Enter your email to  
receive an  
Verification Code**  
輸入電郵地址  
以獲驗證編號

**Create your login ID  
& password**  
建立個人帳號  
及設立密碼

# myBupa – Bupa Member Login 會員登入



Home



Member Profile



Claims



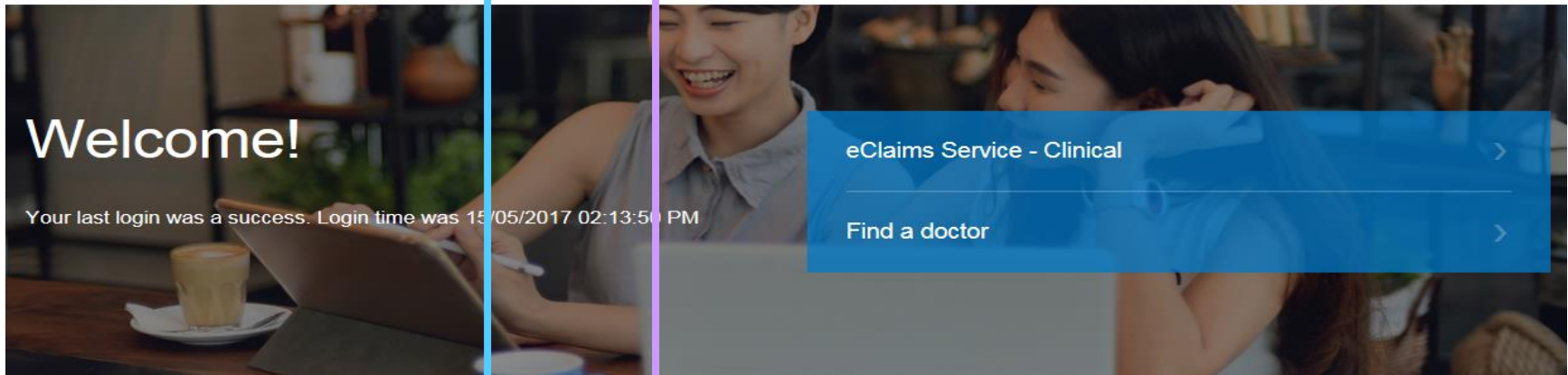
Doctors Finder



Documents



Download Forms



## Member Profile 查閱會籍及更新聯絡資料

- View your scheme details, bank account number for claims reimbursement, and your contact information in our record 查閱會籍, 支付賠償之銀行戶口, 個人聯絡資料

## Claims 索償

- Check your claims status and view your claims and shortfall history for the past 12 months 檢查索賠記錄和索賠金額 (最近12個月)
- View your outstanding shortfall records since the start of your membership 查閱差額金額 / 差額記錄
- View and download claims statement and shortfall invoice 下載電子表
- Submit claims online using myBupa's eClaims Service 網上提交索償

# myBupa – Bupa Member Login 會員登入



Home



Member Profile



Claims



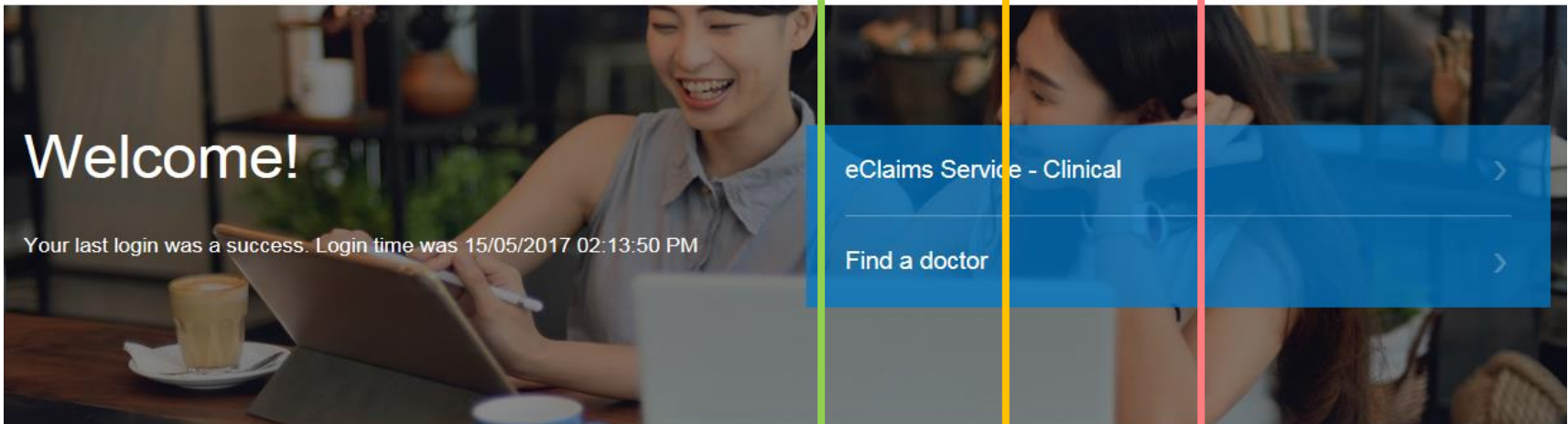
Doctors Finder



Documents



Download Forms



## Doctor Finder

- Download a full list of Medpass Network Hospitals  
下載“任中橫網絡醫院名單” – 中國內地的網絡醫院名單

## Documents

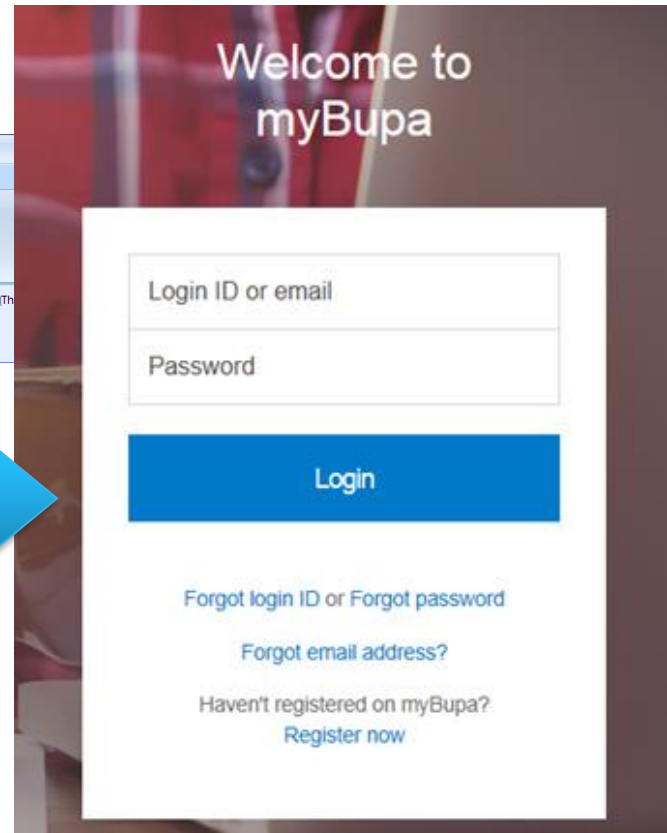
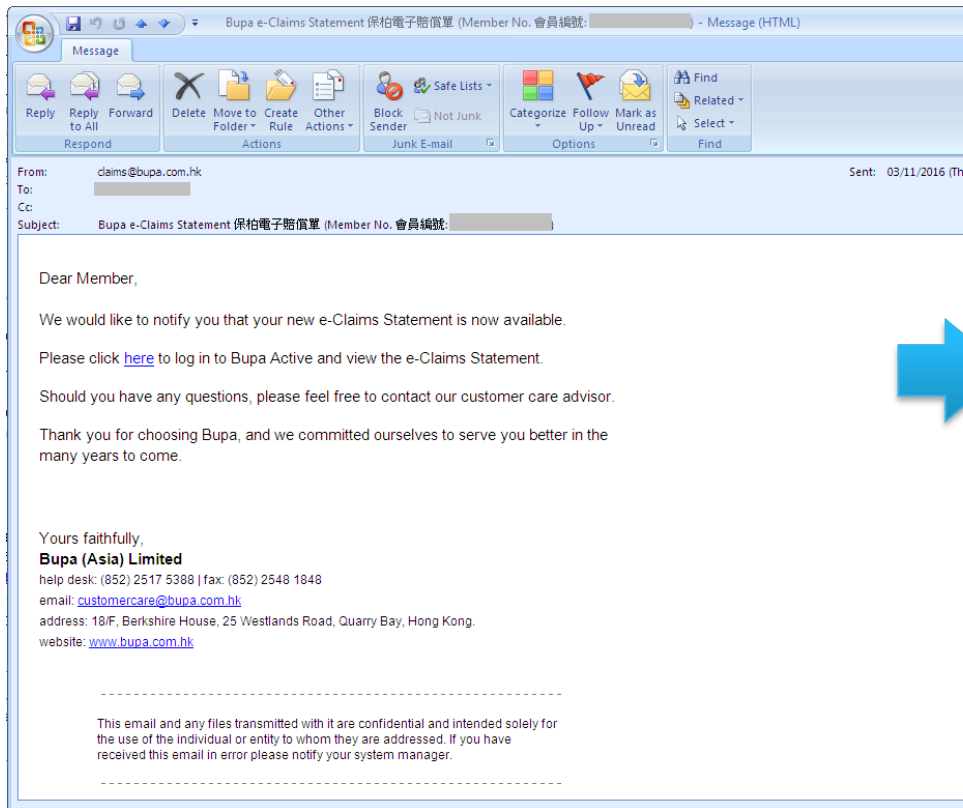
- View and download your Membership Guide/Handbook, Schedule of Benefits, IPA Leaflet  
下載及查閱會籍文件，如保障金額表、會員指引 / 手冊及其他有關的會籍文件

## Download Forms

- Download claim forms and other administrative forms 下載賠償申請表及其他常用表格

# myBupa – e-Statement Service 電腦表之流程

## E-mail Notification 電郵通知



## Link to myBupa Login Screen myBupa網登入畫面

- Dependants should check their e-Statements through Employee Login. 家屬可跟僱員同一登入帳號
- Only recent 12 months' e-Statement can be accessed on myBupa 只限過去 12 個月內的結算單



# Bupa's Customer Help Desk 保柏客戶服務專線



## 24-hour Bupa's Customer Help Desk 24小時保柏客戶服務專線

Tel電話 : 2517-5388

Fax傳真 : 3973-6970

e-mail電郵 : [customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)

### Within Office Hours 辦公時間內

9:00 am – 7:00pm, Monday to Friday, except public holiday  
星期一至星期五，公眾假期除外，上午9時至下午7時

- We are pleased to answer all your enquiries 所有查詢

### Outside office hours 辦公時間以外

- information of HealthNet Service Providers, if applicable  
提供有關網絡服務供應商的資料
- information of benefit entitlement  
提供有關保障項目的資料
- information on claims and administration procedures  
提供有關申請賠償程序及其他行政程序的資料
- claim forms  
向成員提供賠償申請表

## Bupa's Website 保柏網址

[www.bupa.com.hk](http://www.bupa.com.hk)

**Thank you!**



## Question & Answer 問與答?

