

Claim Procedures

Outpatient Benefits

1. Complete and sign an "Outpatient Claim Form". Please clearly state the Name of Policyholder/Employer, Policy Number, Name of Insured (Patient) and Patient's Insured Number on the claim form and each form is for one Insured (Patient) only.
2. Attach the **original** receipts issued by the doctor or certified true copy of receipts and copy of claim settlement advice issued by other insurers (if applicable). Each receipt **MUST** state the following information:
 - Full name of patient;
 - Date of consultation/Date of treatment;
 - Diagnosis;
 - Breakdown of charges;
 - Doctor's signature and official stamp.
3. For specialist consultation, physiotherapy, X-ray and laboratory tests, please attach the referral letter issued by a Registered Medical Practitioner with specified diagnosis. Referral letter is valid for 6 months from the date of issuance for the same disability.
4. Claim for expenses incurred in buying prescribed medicines/drugs must be supported by the doctor's prescription stating full name of patient, diagnosis, name of medication, dosage and duration.
5. For treatment of Chinese Medicine Practitioner, please attach the original prescription (if applicable).

Hospitalisation and Surgical Benefits

1. Complete and sign Part I of the "Hospitalisation & Surgical Claim Form" by the Insured (Patient).
2. Complete and sign Part II of the "Hospitalisation & Surgical Claim Form" by the attending Physician or Surgeon.
3. Attach the **original** receipts issued by the doctor and/or hospital or certified true copy of receipts and copy of claim settlement advice issued by other insurers (if applicable). Each receipt **MUST** state the following information:
 - Full name of patient;
 - Date of treatment;
 - Diagnosis;
 - Breakdown of charges;
 - Doctor's signature and official stamp;
 - Name of surgery (if applicable).

Points to Note

1. The claim form must be fully completed and signed by the Insured (Patient). The information provided on the receipts should be clearly stated. Otherwise, documents submitted will be returned for verification.
2. Please complete and return the claim form together with the **original** receipts to Medical Claims Department of Blue Cross (Asia-Pacific) Insurance Limited at 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.



Blue Cross 藍十字

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索償手續需知

門診醫療福利

1. 填妥及簽署「門診索償申請表」。申請表上必須清楚填寫保單持有人姓名或僱主名稱、保單號碼、受保人（病人）姓名和病人之受保人號碼。每名受保人（病人）須獨立填寫申請表。
2. 附上由醫生簽發的收據正本或由其他保險公司發出的收據核實副本及賠償結算通知書副本（如適用），每張收據必須列明以下資料：
 - 病人姓名；
 - 診症日期／治療日期；
 - 病症名稱；
 - 收費項目說明；
 - 醫生簽署及蓋章。
3. 任何有關專科醫生診症、物理治療、X 光診斷及化驗的索償申請，須附上由註冊西醫簽發附有病症名稱的轉介信。如屬同一病症，該轉介信於發出日期起計 6 個月內有效。
4. 申請索償外購處方藥物之費用，須具醫生簽發的處方，並列明包括病人姓名、病症名稱、藥物名稱、劑量和服用時間。
5. 如屬中醫治療，請附上由中醫簽發的處方正本（如適用）。

住院及手術醫療福利

1. 受保人（病人）填妥及簽署「住院及手術索償申請表」甲部。
2. 主診醫生／外科醫生填妥及簽署「住院及手術索償申請表」乙部。
3. 附上由醫生及／或醫院簽發的收據正本或由其他保險公司發出的收據核實副本及賠償結算通知書副本（如適用），每張收據必須列明以下資料：
 - 病人姓名；
 - 治療日期；
 - 病症名稱；
 - 收費項目說明；
 - 醫生簽署及蓋章；
 - 手術名稱（如適用）。

注意事項

1. 索償申請表必須由受保人（病人）詳盡填寫及簽署。收據所列明的資料必須清楚明確，否則所遞交之文件會被退回查對。
2. 請將已填妥的索償申請表連同所有收據正本，交回香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓「藍十字（亞太）保險有限公司醫療保險理賠部」。