



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

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藍十字免付賬醫療服務申請表格 Application Form for Blue Cross Credit Facilities Services

所有藍十字免付賬醫療服務之申請，須經藍十字（亞太）保險有限公司（「藍十字」）審閱及批核，方可生效。
The subscription for use of Credit Facilities Services will be subject to the final assessment and approval of Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross").

申請公司資料 Details of Applicant

申請公司名稱：
Name of Applicant: _____

保單號碼
Policy No.: _____ 生效日期
Effective Date _____
(日/月/年) (DD/MM/YY)

免付賬醫療服務*（請在適當方格內加"✓"號。） Credit Facilities Services* (Please tick where appropriate.)

- ☐ 醫療卡 - 住院簽賬[#] Healthcare Card - Hospital[#]
- ☐ 醫療卡 - 門診簽賬 Healthcare Card - Outpatient
- ☐ 醫療卡 - 住院及門診簽賬[#] Healthcare Card - Hospital and Outpatient[#]
- ☐ 醫療卡 - 金卡 Healthcare Card - Gold Card
- ☐ E.O.S. 卡 Executive Outpatient Service (E.O.S.) Card
- ☐ 住院付款保證書[#] Letter of Guarantee - Hospital[#]
- ☐ 其他 Others: _____

* 請參閱以下免付賬醫療服務之申請資格及使用條款。
* Please refer to the details of the Subscription Requirements and Terms and Conditions for using the Credit Facilities Services below.

[#] 除非另有註明及經本公司批准外，須受制於每次住院掛賬限額 HK\$300,000。
[#] Subject to an inpatient credit limit of HK\$300,000 per confinement unless specified otherwise and approved by the Company.

免付賬醫療服務申請資格 Subscription Requirements for Credit Facilities Services

免付賬醫療服務申請資格詳列如下：
The subscription requirements for Credit Facilities Services are set out as follows:

醫療卡 - 住院簽賬 1. 保費必需以年繳方式繳付； 2. 擁有 30 名或以上受保僱員之團體； 3. 每年保費額不少於 HK\$200,000； 4. 住院保障須提供全數賠償及每天病房費用保障限額需為 HK\$700 或以上；及 5. 填妥藍十字免付賬醫療服務申請表格。	Healthcare Card - Hospital 1. Annual payment mode must be chosen; 2. The Policy covers not less than 30 insured employees; 3. Annual premium of the Policy is not less than HK\$200,000; 4. Hospital and Surgical Benefits shall provide 100% reimbursement and the daily benefit limit for room and board charges shall be HK\$700 or above; and 5. Completion of this Application Form for Blue Cross Credit Facilities Services.
醫療卡 - 門診簽賬／住院付款保證書 1. 保費必需以年繳方式繳付；及 2. 填妥藍十字免付賬醫療服務申請表格。	Healthcare Card - Outpatient/Letter of Guarantee - Hospital 1. Annual payment mode must be chosen; and 2. Completion of this Application Form for Blue Cross Credit Facilities Services.
醫療卡 - 金卡 1. 保費必需以年繳方式繳付； 2. 住院保障須提供全數賠償及每天病房費用保障限額需為 HK\$700 或以上； 3. 門診保障須提供全數賠償； 4. 每年保費額不少於 HK\$500,000；及 5. 填妥藍十字免付賬醫療服務申請表格。	Healthcare Card - Gold Card 1. Annual payment mode must be chosen; 2. Hospital and Surgical Benefits shall provide 100% reimbursement and the daily benefit limit for room and board charges shall be HK\$700 or above; 3. Outpatient benefits shall provide 100% reimbursement; 4. Annual premium of the policy is not less than HK\$500,000; and 5. Completion of this Application Form for Blue Cross Credit Facilities Services.
E.O.S. 卡 1. 只適用於大班醫療保險計劃之受保人； 2. 保費必需以年繳方式繳付；及 3. 填妥藍十字免付賬醫療服務申請表格。	Executive Outpatient Service (E.O.S.) Card 1. Only available to the insured of Taipan Medical Insurance Plan; 2. Annual payment mode must be chosen; and 3. Completion of this Application Form for Blue Cross Credit Facilities Services.

所有填妥之申請表格須連同所需文件（如適用）遞交予藍十字審閱，申請須經藍十字批核後方可生效。
All completed application forms must be submitted together with the relevant supporting documents (if applicable) and all applications are **subject to the final approval of Blue Cross**.



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免付賬醫療服務使用條款 Terms and Conditions for using Credit Facilities Services

使用免付賬醫療服務的條款及細則	Terms and Conditions for Using Credit Facilities Services
以下之條款及細則適用於保單持有人及受保人使用藍十字（亞太）保險有限公司（「本公司」）提供之免付賬醫療服務。當使用免付賬醫療服務，包括醫療卡及保證書，則代表保單持有人及受保人均同意以下之條款及細則： 1. 醫療卡及保證書需要經保單持有人作出申請及本公司批核後發出。 2. 醫療卡自受保人受保於保單當天起及須由受保人簽署後方為有效。醫療卡之使用須受限於「藍十字醫療卡 – 使用簡介」內所載列之條款。 3. 保證書須由本公司簽署後並僅於保證書指定之期間內有效。 4. 醫療卡和保證書不得轉讓予他人。 5. 使用醫療卡時，受保人須出示醫療卡及其香港身份證予指定的醫療機構，以於接受醫療服務前作核對身份之用。受保人之姓名、會員號碼及保障編號將顯示於醫療卡上作核對身份之用。 6. 受保人於使用醫療卡及／或保證書時，須簽署有關醫療單據*以作接受醫療服務的證明。 7. 醫療卡如有遺失或遭盜竊，保單持有人應立即以書面形式通知本公司。於受保人之保障終止時，保單持有人亦須負責收回並退還所有有關醫療卡予本公司。 8. 保單持有人及受保人須負責支付任何因使用未退還、已遺失或遭盜竊之醫療卡所引致之費用。 9. 本公司將就補發新醫療卡收取每張 HK\$30 之服務費用。 10. 保單持有人及受保人確認有關醫療服務是由獨立醫療機構提供。本公司不會就有關醫療機構提供的服務負責，並不會就該等醫療機構之素質或能力作出任何保證、陳述、認可證明或建議，而本公司提供的任何資料亦不作此默示。 11. 本公司可就相關醫療費用向指定醫療機構作出直接付款及結賬安排，惟須受限於住院掛賬限額[‡]或，如適用，於本保單之保障利益表上載列受保人可享之最高賠償額[‡]。保單持有人及受保人須負責支付任何記賬於醫療卡及／或保證書但不在承保範圍內的不符合索償資格的費用或超出保障或住院掛賬限額[‡]的費用，並同意於接獲書面要求後立即向本公司償還所有不符合索償資格或超額之費用。本公司將會就任何超逾 30 天之欠款按現行利率收取利息。 12. 本公司可隨時發出書面通知以中止或暫停任何免付賬醫療服務。 13. 本公司將保留所有與免付賬醫療服務相關事項及爭議的最終決定權，而本公司亦將保留就追討任何欠款及任何有關之損失、損毀、費用及支出向保單持有人及受保人採取法律行動之權利。 14. 本公司保留隨時修改以上條款之權利。使用免付賬醫療服務的條款之最新版本可瀏覽本公司之網頁 http://bluecross.com.hk/document/general/HealthcareCardUserGuide。 15. 此條款之英文版本與中文版本之間如有任何歧異，均以英文版本為準。 *所有遞交予本公司之醫療單據必須由註冊醫生填寫及簽署，並須包括以下資料： a) 診症日期及接受治療傷病的診斷； b) 各項醫療服務所收取之費用明細表；及 c) 受保人已繳付之費用。 除非已於保單的保障利益表中明確地豁免，專科治療及物理治療的諮詢必須附上由註冊醫生簽署之轉介信。 [‡] 除非另有註明及經本公司批准外，須受制於每次住院掛賬限額 HK\$300,000。住院掛賬限額並不適用於個人醫療保單。	These terms and conditions apply to both Policyholder and Insured when using the Credit Facilities Services offered by Blue Cross (Asia-Pacific) Insurance Limited ("the Company"). By using the Credit Facilities Services, including the Healthcare Card and the Letter of Guarantee, the Policyholder and the Insured agree to the terms and conditions below: 1. The Healthcare Card and the Letter of Guarantee are issued subject to the application of the Policyholder and approval of the Company. 2. The Healthcare Card is only valid after the date in which the Insured is covered by the Policy and signed by the Insured. The use of the Healthcare Card is subject to the terms under "Blue Cross Healthcare Card – User Guide". 3. The Letter of Guarantee is only valid for the period specified on the letter and signed by the Company. 4. The Healthcare Card and the Letter of Guarantee are not transferable. 5. When using the Healthcare Card, the Insured must present the Healthcare Card and his/her HKID card to the designated healthcare providers for identification prior to receiving the medical services. The Insured's name, membership number and benefit codes will be displayed on the Healthcare Card for identification purpose. 6. The Insured should sign the medical voucher* when using the Healthcare Card and/or the Letter of Guarantee as an evidence of receipt of the medical services. 7. In case of loss or theft of the Healthcare Card, the Policyholder should notify the Company in writing immediately. The Policyholder is responsible for collecting and returning to the Company all Healthcare Card on termination of the Insured's benefits. 8. The Policyholder and the Insured shall be liable for any amount incurred as a result of the use of an unreturned, lost or stolen Healthcare Card. 9. For the replacement of each Healthcare Card, a handling fee of HK\$30 will be charged. 10. The Policyholder and the Insured acknowledge that the medical and healthcare services are provided by independent healthcare providers. The Company assumes no responsibility for the services provided by the healthcare providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by the Company about such healthcare providers in relation to their quality or competence. 11. An arrangement for direct billing and settlement of medical expense may be made between the Company and designated healthcare providers up to the inpatient credit limit[‡] or, if appropriate, the maximum benefit limit of the Insured as specified in the Schedule of Benefits under the Policy. The Policyholder and the Insured are liable for any ineligible expenses which is not covered by the Policy or any expenses exceeding the benefits or the inpatient credit limit[‡], which has been charged when using the Healthcare Card and/or the Letter of Guarantee. The Policyholder and the Insured agree to reimburse the Company immediately for all ineligible or excessive expenses incurred upon written demand. An interest will be charged at the prevailing interest rate on any amount that remains overdue for more than 30 days. 12. The Company may withdraw or suspend any Credit Facilities Services at any time by giving a written notice. 13. All matters and disputes in relation to Credit Facilities Services will be subject to the final decision of the Company and the Company reserves the right to take legal actions against the Policyholder and the Insured for recovery of any amount owed and any losses, damages, costs and expenses in connection thereof. 14. The Company reserves the right to make any amendments to the above terms and conditions as and when it shall consider necessary. An updated version of the Terms and Conditions for using Credit Facilities Services can be obtained from the Company's website at http://bluecross.com.hk/document/general/HealthcareCardUserGuide. 15. In case of any discrepancy between the English and the Chinese versions of these terms and conditions, the English version shall apply and prevail. *All medical vouchers submitted to the Company for settlement shall be completed and countersigned by the Registered Medical Practitioner with the following details: a) date of consultation and the diagnosis of the condition being treated; b) breakdown of charges relating to all medical services; and c) any amount paid by the Insured. Unless expressly waived in the Schedule of Benefits under the Policy, a referral letter signed by the Registered Medical Practitioner must be attached for Specialist and Physiotherapist's consultation. [‡] Subject to an inpatient credit limit of HK\$300,000 per confinement unless specified otherwise and approved by the Company. This inpatient credit limit is not applicable to individual medical insurance plans.

聲明 Declaration

申請公司及保單持有人茲聲明並同意： The Applicant and the Policyholder, hereby declare and agree that: 1. 就本申請所提供予藍十字（亞太）保險公司（「藍十字」）之資料，皆為準確無誤及為事實之全部；並同意如有關資料有所更改時，以書面形式通知藍十字。 All the information provided to Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") in relation to this application is true and complete, and we agree to inform Blue Cross of any change of information in writing thereafter; 2. 代表保單持有人及受保附屬公司（如適用）的所有合資格受保人接受免付賬醫療服務之使用條款，及依照指示繳付任何不在承保範圍內不受保服務開支或超出保障金額的醫療費用。 On behalf of the eligible Insured(s) of the Policyholder and the covered Affiliated Companies (if applicable), to accept the Terms & Conditions for using the Credit Facilities Service as may be amended by Blue Cross from time to time and to reimburse Blue Cross for any ineligible expenses which are not covered by the Policy or any expenses exceeding the benefit limit upon demand. 3. 我們明白所有參予提供醫療及護理服務的機構（「醫療機構」）均是獨立運作。藍十字概不就有關醫療機構所提供之服務負責，並且不會就該等醫療機構之質素或勝任能力作出任何保證、聲明、確認或建議，而藍十字提供約任何資料亦不作此默示。 We understand all the medical services and healthcare providers ("healthcare providers") are independent contractors, and Blue Cross assumes no responsibilities for the services provided by the healthcare providers and no warranty, representation, endorsement or recommendation is given by or may be implied from any information provided by Blue Cross about such healthcare providers in relation to their quality or competence. 申請公司負責人的授權簽署及公司蓋印 Applicant's authorised signature with Company Chop 日期 Date : _____	保單持有人的授權簽署／保單持有人名稱 Policyholder's authorised signature/Name of Policyholder （如與申請公司不同，請簽署此欄） (Please sign if Policyholder is difference from the Applicant) 日期 Date : _____
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No. of Employees:	Annualised Premium: (annual Mode)	Benefits
Evidence Received Date :	Reviewed by :	Approval by: Date