



**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

**Blue Cross (Asia-Pacific) Insurance Limited**

藍十字(亞太)保險有限公司

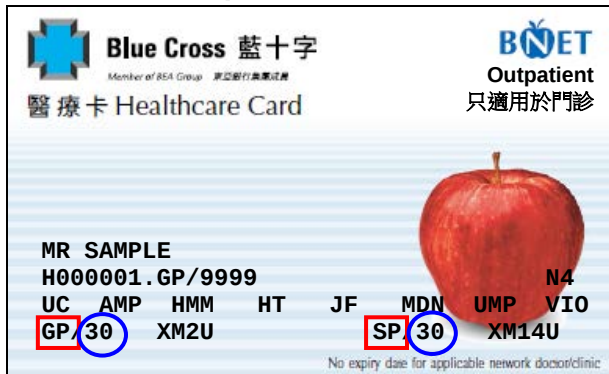
Customer Service Hotline 客戶服務熱線: 3608 2988

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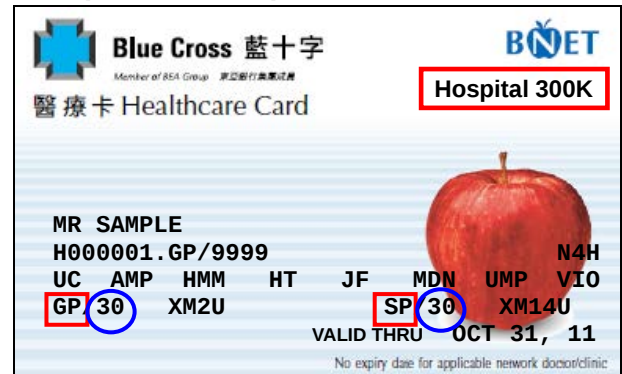
## Blue Cross Healthcare Card – User Guide

### 藍十字醫療卡—使用簡介

#### Outpatient Card 門診卡



#### Inpatient and Outpatient Card 住院及門診卡



= Service code as described in Article 2 below  
= 下列條款 2 所述的服務代碼

= Co-payment amount as described in Article 3 below  
= 下列條款 3 所述的自付額

Outpatient Card — No expiry date printed.

門診卡 — 不會印上有效日期

Inpatient and Outpatient Card — No expiry date is applicable for network doctor/clinic and the valid thru date is only applicable to inpatient service.

住院及門診卡 — 有效日期不會應用於有關網絡醫生或診所, 只適用於住院服務。

- The Insured Members must sign on the back of Blue Cross Healthcare Card (the "Healthcare Card") to validate it. The use of the Healthcare Card is subject to the "Terms and Conditions for Using Credit Facilities Services" overleaf.
- The Insured Members can enjoy credit billing for the following services at our healthcare providers provided that the relevant code is printed on your Healthcare Card:
  - General Practitioner's Consultation (code = GP)
  - Specialist's Consultation (code = SP)
  - Inpatient service<sup>#</sup> (code = Hospital)
- A co-payment as indicated is required for each outpatient consultation visit (if any).
- The Insured Members must pay cash for special and long-term medications, laboratory services, maternity services and physiotherapy services to our healthcare providers and for all services to hospitals. For reimbursement of eligible claims, the Insured Members are required to fill in all the essential claim forms and submit them to Blue Cross along with the original official receipts issued by service provider. (Please refer to the guideline of "How to File a Claim")
- The code "BNET" represents that the Insured Members can receive quality and reasonably charged services at our healthcare providers. The Insured Members must first sign and complete a "Hospital Services Pre-registration Form (BNET)" and present such form together with the Healthcare Card for hospital admission. The Insured Members can settle the bill either by Blue Cross' credit facility or by direct payment in full. The Insured Members should settle the medical expenses exceeding the inpatient credit limit<sup>#</sup> or, where appropriate, the benefit entitlement immediately upon discharge from the hospital. Blue Cross will charge back those uncovered items and any expense which exceeds the benefit limit. For direct payment, please ask your doctor to complete the "Hospitalisation & Surgical Claim Form" and submit it to Blue Cross with all original official receipts.
- 受保人必須在藍十字醫療卡 (「醫療卡」) 之背面簽署, 此醫療卡方為有效。使用醫療卡須遵守列印在此頁面的「使用免付賬醫療服務的條款及細則」。
- 如受保人之醫療卡上印有下列服務之代碼, 受保人可於有關醫療機構, 接受下述服務時, 使用醫療卡簽賬。
  - 普通科醫生診症 (代碼: GP)
  - 專科醫生診症 (代碼: SP)
  - 住院服務<sup>#</sup> (代碼: Hospital)
- 每次使用門診服務後, 閣下須繳交所指示之自付額(如有)。
- 受保人於接受特別或長期服用藥物、各項化驗、婦產、物理治療和醫院提供之所有服務時, 需先行付款予有關醫療機構。受保項目索償手續簡便, 受保人只需填妥索償表格, 連同醫療費用正本收據寄回藍十字即可 (詳情請參閱「申請賠償手續」指引)。
- 代碼「BNET」代表受保人只需要透過有關醫療機構, 便可享有優質及合理收費的醫護服務。受保人必須簽署住院登記表格, 並於入院登記時出示此表格及醫療卡。受保人可使用醫療卡簽賬繳付醫療費用<sup>#</sup>或直接全數繳付醫院賬單。而超出住院掛賬限額<sup>#</sup>或, 如適用, 保障金額的醫療費用, 受保人需於出院時即時繳付。藍十字隨後會向受保人徵收任何不受保服務開支或超出保障金額的醫療費用, 如受保人選擇全數付款予有關醫院, 請要求受保人的主診醫生填妥「住院及手術索償申請表」並連同醫療費用收據正本寄回藍十字申請賠償。



6. This Healthcare Card will not be accepted for non-covered items under the Policy such as congenital conditions, cosmetic surgery, dental care, excessive consumption of alcohol or drug, psychiatric disorders, routine physical examinations or venereal diseases.
7. This Healthcare Card shall not be accepted for Outpatient Department of Hospitals.
6. 此醫療卡不適用於保單內的不受保之項目，例如先天性病症、整容手術、牙科治療、飲服過量酒精及藥物、精神病、例行體格檢查或性病。
7. 此醫療卡不適用於醫院的門診部。

## Terms and Conditions for Using Credit Facilities Services

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 Cards 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<sup>†</sup> 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<sup>†</sup>, 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.

## 使用免付賬醫療服務的條款及細則

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<sup>‡</sup>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<sup>‡</sup>。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<sup>‡</sup>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。



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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.
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。

**NAVIGATOR**  
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