MACAU INSURANCE COMPANY
澳門保險

MediGroup Insurance Plan 團體醫療計劃

OUT-PATIENT CLAIM FORM 門診索償申請表

(Internal Use Only此欄由本公司填寫)	Claim No. 索償編號	Date Received 接收日期

Name of Employer / Policyholder 僱主／團體名稱	Policy No. 保單編號

Name of Insured Employee / Member 受保僱員／成員姓名	Certificate / Staff No. 受保證明書／職員編號	Daytime Contact No. 日間聯絡電話

Name of Patient if other than Insured Employee / Member 病人姓名，如與受保僱員／成員非同一人	Relationship to insured Employee / Member 與受保僱員／成員之關係 ☐ Spouse 配偶 ☐ Child 子女 ☐ Others 其他	No. of bills/statements/receipts attached 附上之門診賬單／結單／收據數目

Note

1) This form and relevant original medical receipts must be submitted to MIC within 90 days from the date of consultation.
2) Claim payment will be subject to the terms and conditions set out in the corresponding Master Policy
3) Incomplete form or omission of required information may cause delay in processing

注意

1) 於診治後九十天內，索償人士必須將此申請表連同有關正式收據提交予本公司處理，逾期無效。
2) 一切賠償款項將根據有關主保單上的條文計算。
3) 若此申請表未完全填妥或未有提供足夠理賠資料，賠償處理可能會被延誤。

Declaration & Authorization

I/We hereby declare and agree that any personal information collected or held by Macau Insurance Company Limited ("the Company") (whether contained in this claim application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside of Macau, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application and providing subsequent services, and data matching, and to communicate with me/us for such purposes. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us (and my/our dependants, if any). I/We also hereby irrevocably authorize

a) any organization, institution, or individual that has any record or knowledge of my/the Insured(s)'s health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my/the Insured(s)'s successors and assigns and remain valid notwithstanding my/the Insured(s)'s death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
b) the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/the Insured(s)'s health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites

聲明及授權書

本人／我們現聲明並同意，澳門保險股份有限公司（"貴公司"）可保留，使用或透露貴公司所收集或保留之任何有關本人／我們的個人資料（在此申請書所載或從其他途徑取得），給予貴公司有關的人士／機構或任何被選定的機構（在本澳或海外的，包括再保險及賠償調查公司，及有關的行業協會／聯會），用作處理本申請及提供其後的服務，及資料核對等用途，及因此等用途與本人／我們聯絡。本人／我們明白到本人／我們有權向貴公司查閱及申請改正所有與本人／我們（及受本人／我們受供養人，如適用）的個人資料。本人／我們不可撤回地授權：

a) 任何知悉或擁有本人／被保人之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人／被保人診治之機構、組織或人士，向貴公司透露有關資料。即使本人／被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人／被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
b) 貴公司或任何其認可之驗身醫生或化驗所，替本人／被保人進行所需之醫療評估及測試，並對本人／被保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏症病毒，免疫系統失常或體內藥物、毒品，尼古丁及其他代謝產物之含量等化驗。

Signature of Claimant (18 years of age & over) 索償人（十八歲或以上）簽署

Signature of Insured Employee / Member 受保僱員／成員簽署

Date Signed 簽署日期

Avenida da Praia Grande, No.594, Edf. BCM, 11/F, Macau 澳門南灣大馬路594號澳門商業銀行大廈10樓
Tel : 8396 9535 Fax : 8396 9570 E-mail: mic.health@bcm.com.mo
www.macauinsurance.com.mo

MACAU
INSURANCE COMPANY
澳門保險

MediGroup Insurance Plan 團體醫療計劃

HOSPITALIZATION & SURGICAL CLAIM FORM 住院及手術索償申請表

Applicable to both in-patient and out-patient surgical claims 住院或門診手術索償適用

(Internal Use Only 此欄由本公司填寫)	Claim No. 索償編號	Date Received 接收日期

PART 1 - TO BE COMPLETED BY THE PATIENT 甲部 – 由病人填寫

Name of Employer / Policyholder 僱主／團體名稱	Policy No. 保單編號
Name of Insured Employee / Member 僱員／成員姓名	
Certificate / Staff No.受保證明書／職員編號	Daytime Contact No. 日間聯絡電話

Name of Patient 病人姓名			I.D. Card No.身份證號碼
Occupation 職業	Date of Birth 出生日期 日 D 月 M 年 Y		Gender 性別 ☐ M 男 ☐ F 女
Relationship to the Insured Employee / Member 與被保僱員／成員之關係	☐ Self 本人	☐ Spouse 配偶 ☐ Child 子女 ☐ Others 其他	

1 Have you / the claimant had any prior treatment for this or related conditions 閣下／索償申請人有否曾經因同一病況而接受治療？

☐ NO 沒有 ☐ YES 有 Name of Doctor 醫生姓名 _____

Address 地址 _____

Date(s)日期 _____

2 Are you / the claimant making any other insurance claim as a result of this hospitalization / surgery 有關此次住院／手術，閣下／索償申請人有否申請其他保險賠償？

☐ NO 沒有 ☐ YES 有 Name of Insurance Company 保險公司名稱 _____ Policy No. 保單號碼 _____

3 Was the hospitalization / surgery a result of an accident 此次住院／手術是否由於一宗意外引致？

☐ NO 不是 ☐ YES 是 Accident Date 意外日期 _____ Time 時間 _____ Place 地點 _____

Brief Description 經過 _____

_____

Note

1) This form and relevant original medical receipts must be submitted to MIC within 30 days from the date of discharge from hospital. Otherwise, the claim shall be declined for reimbursement.
2) Claim payment will be subject to the terms and conditions set out in the corresponding Master Policy.
3) Incomplete form or omission of required information may cause delay in processing.

注意

1) 在出院後三十天內，索償人士必須將此申請表連同有關正式收據提交予本公司處理，逾期無效。
2) 一切賠償款項將根據有關主保單上的條文計算。
3) 若此申請表未完全填妥或未有提供足夠理賠資料，賠償處理可能會被延誤。

Declaration & Authorization

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a) any organization, institution, or individual that has any record or knowledge of my/the Insured(s)'s health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my/the Insured(s)'s successors and assigns and remain valid notwithstanding my/the Insured(s)'s death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
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a) 任何知悉或擁有本人／被保人之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人／被保人診治之機構、組織或人士，向貴公司透露有關資料。即使本人／被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人／被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
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Signature of Claimant (18 years of age & over) 索償人（十八歲或以上）簽署	Signature of Insured Employee / Member 受保僱員／成員簽署	Date Signed 簽署日期

Avenida da Praia Grande, No.594, Edf. BCM, 11/F, Macau 澳門南灣大馬路 594 號澳門商業銀行大廈 11 樓
Tel : 3989 535 Fax : 2871 7446 Email: mic.health@bcm.com.mo
www.macauinsurance.com.mo

PART 2 - TO BE COMPLETED BY THE SURGEON OR ATTENDING PHYSICIAN 乙部 – 由主診醫生填寫

Name of Patient 病人姓名

Name of Hospital 醫院名稱

Admission Date 入院日期	D 日	M 月	Y 年	Discharged Date 出院日期	D 日	M 月	Y 年

1a Please give chief complaint / diagnosis for this hospitalization 住院期間主要病狀／診斷

1b Describe the type of treatment / surgical procedure given to the patient 病人所接受的治療／手術

2 When were the symptoms first presented or when did the accident happen 首次出現病徵或意外發生的時間?

3a When was the first consultation for this treatment / sickness 此項治療／疾病的首次就醫時間?

3b Has the patient received continuous treatment related to this sickness since then 病人其後有否就同一疾病繼續接受治療?

4 If hospitalization was due to accident, please state how it happened 倘因意外引致住院，請闡述事發經過

5 Was the patient referred to you by another doctor 病人是否經由其他醫生轉介？

☐ No 否 ☐ Yes 是 Doctor's Name 醫生姓名 _____

Address 地址 _____

6a Have you treated the patient for this or related sickness before 以前曾否爲該病人就同一或相關疾病進行治療?

☐ No 否 ☐ Yes 是 Details 詳情 _____

6b Was the condition a recurrent episode / a chronic disease? If YES, state the date of first attack 該狀況是否經常出現或爲長期病患？ 如"是"，請註明首次出現的日期

☐ No 否 ☐ Yes 是 Details 詳情 _____

7 If the treatment is due to pregnancy, please give the date of conception 倘因懷孕引發治療，請註明受孕日期 D 日 M 月 Y 年

8a Is the hospitalization / treatment medically necessary 該次住院／治療是否有醫學上的必要？

☐ No 否 ☐ Yes 是 Details 詳情 _____

8b For the average patient, what is the usual duration of hospitalization for this sickness 就一般情況而言，該疾病需要住院多少天？

8c Is it possible to provide this treatment on an outpatient basis 該疾病是否可改以門診方式治理？

☐ No 否 ☐ Yes 是 Details 詳情 _____

9 Did any complications arise during hospitalization 病人在住院期間有否出現併發症狀？

☐ No 否 ☐ Yes 是 Details 詳情 _____

Other remarks 其他備註

Name of Attending Physician / Specialist (with qualifications) 主診／專科醫生姓名 (及資歷)	Address 地址 Telephone 電話
Signature of Attending Physician / Specialist 主診／專科醫生簽名	Date 日期

INSTITUTO POLITECNICO MACAU
澳門理工學院

Group Medical Insurance Scheme
團體醫療保險福利計劃

Group Policy No.
團體保單編號
007900000134

PLAN 1
計劃 1
本地學生 / 非本地學生

Policy Year
保險計劃期
22 August 2017 – 31 August 2018
2017年8月22日至2018年8月31日

Insured by
MACAU INSURANCE COMPANY
承保
澳門保險

Group Medical Insurance 團體醫療保險
Benefits Description 福利細則

Hospitalization & Surgical Benefits 住院及手術福利 100% Reimbursement 按單賠償百分之百	Maximum Amount (MOP) 最高賠償金額 (澳門幣)
a) Room and Board, per day limit 房租膳食，每天限額 (Maximum 30 days per disability) (每病症最高賠償30天)	200
b) In-Hospital Doctor's visit, per day limit 醫生巡房，每天限額 (Maximum 30 days per disability) (每病症最高賠償 30天)	100
c) Miscellaneous Hospital Charges 醫院雜費 per disability limit 每病症最高限額	4,000
d) In-Hospital Specialist Consultation 專科醫生巡房 * per disability limit 每病症最高限額	1,000
e) Surgical Fee, per disability limit 手術費，每病症最高限額	
Complex 複雜	10,000
Major 大型	7,500
Intermediate中型	5,000
Minor小型	2,250
f) Anaesthetist's Fee, Per disability limit 麻醉師費，每病症最高限額	
Complex 複雜	3,000
Major 大型	2,250
Intermediate 中型	1,500
Minor 小型	750
g) Operating Room, Per disability limit 手術室費，每病症最高限額	
Complex 複雜	3,000
Major 大型	2,250
Intermediate 中型	1,500
Minor 小型	750
Worldwide Emergency Assistance Benefit Evacuation & Repatriation	Unlimited

Out-Patient Benefits 門診福利 100% Reimbursement 按單賠償百分之百	(MOP) (澳門幣)
a) General Practitioner，per visit per day 西醫門診醫療費，每天一次限額	200
Maximum no. of Visit per policy year 每保單年度次數	15
Diagnostic X-Rays & Laboratory Tests Benefit 診斷性 X光及化驗費 * Maximum amount per policy year 每保單年度限額	1,000

Remark 備註:

(1) The student can join the medical scheme in specific period, after the specific period, enroll and/or cancelation are not allowed during the policy year and no refund if the student drop out.學生只可於指定之時期參加此計劃，新加入的本地學生不能於中途加入，中途退學之本地學生亦不獲退還已繳保費。

(2) Inpatient and Outpatient benefits limit to Kiang Wu Hospital and Centro Hospitlar Conde de S. Januario Macau, other doctors /Clinics/Hospitals will not be acceptable.住院及門診醫療保障範圍僅限於鏡湖醫院和仁伯爵醫院(即山頂醫院)，其他醫生/醫院將不獲賠償。

(3) If the total reimbursement amount of Centro Hospitlar Conde de S. Januario Macau is less than MOP300, which is requested to write down a diagnosis and stamp the company chop on the receipt, if the total reimbursement amount is more than MOP300, please submit the certificates which is issued by Hospital, otherwise it will not be reimbursed. 仁伯爵醫院(即山頂醫院)之索償單據，若索償總金額不多於 MOP300，請於正式收據上寫上該次診斷，並於學生處蓋章作實，方能賠償。若索償總金額多於 MOP300，則需提交由醫院開出之診斷證明，否側不予賠償。

(4) Premiums quoted above are based on the assumption that all Insured Members reside in Macau throughout the covered period. 以上醫療保障乃根據所有受保人必須於保單年度在澳門居住。

Claim Procedures 索償手續

a) Using MIC Medical Card 使用「澳門保險醫療咭」

(1) Hand the MIC Medical Card to the receptionist of the appointed hospitals. You will be required to sign the voucher. 將閣下的「澳門保險醫療咭」給予指定的醫院接待處，並簽署有關單據。

(2) The hospitals will submit the signed voucher together with the original bill to Macau Insurance Company directly and they will provide the voucher copy to you for record.醫院會將已簽署的單據給予澳門保險以索取賠償及將單據副本給予閣下以作存錄。

(3) Please take note that if there are expenses not covered by the Policy, the Insured Member will need to pay the amount at the clinic/hospital directly. However, if there are credited expenses that are found to be non-reimbursable later on, Macau Insurance Company will issue a Charge Back Debit Note and you are required to settle the amount immediately. 如其後發現當中有不受保之費用，澳門保險將發出「差額補回通知書」而閣下則須即時繳付有關款項。

For the replacement of each new Medical Card, MOP30 will be charged. 補發新醫療咭之服務費為每張澳門幣三十元。

b) By Reimbursement (Kiang Wu Hospital and Centro Hospital Conde de S. Januario Macau or not using MIC Medical Card) 報銷索償 (鏡湖醫院和仁伯爵醫院或非使用澳門保險醫療咭)

(1) Complete a MediGroup Claim Form, which can be obtained from your Human Resources Department or downloaded from Macau Insurance Company's website:填妥可於人力資源部索取或從澳門保險網站下載之團體醫療保險索償申請表。網址：www.mic.com.mo

(2) Submit the completed claim form to the Human Resources Office (Employee Relations and Compensation & Benefits), along with all the original bills or receipts (stating the name of the patient, consultation date, diagnosis, breakdown of charges, and attending doctor's signature with chop) and referral letter (if applicable). 把填妥之索償申請表連同所有醫療保險之正本單據（應列明求診者姓名、診症日期、診斷、收費明細、及主診醫生/醫院之簽署並蓋章）及轉介信(如適用)投放於人力資料部。

Please note that: 請注意:

(1) You will be entitled to Hospitalization Benefit when admitted into hospital for a continuous period of not less than six (6) hours except if a surgical operation is performed. 住院索償必須住院不少於連續六小時，唯進行外科手術則不受此條件限制。
(2) For hospitalization or surgical claims, you must ask attending doctor to complete Part2 of Hospitalization & Surgical Claim form. 若閣下申請住院或手術之索償，主診醫生必須填寫住院及手術索償申請表之乙部分。
(3) Claim forms should be submitted within 30 days after the patient is discharged from hospital (for hospitalization claims) or 90 days from the date of consultation (for out-patient claims). 住院索償申請須於出院後30天內遞交，而門診索償申請須於診治後90天內遞交至澳門保險。

Worldwide Emergency Assistance Services
全球緊急支援服務

A worldwide assistance service is provided by Inter Partner Assistance Hong Kong Limited (IPA) under the Master Policy for your trips abroad. 主保單在閣下出外公幹或旅遊時提供由國際救援(亞洲)公司保障的全球緊急支援服務。

Details of services agreement shall be referred to the agreement subject to limits and exclusions specified in the Master Policy. The Insured Member or any party shall only be entitled to reimbursement for expenses incurred with the prior authorization of IPA. IPA reserves all rights to determine all worldwide emergency assistance services provided.
服務詳情應參閱主保單內列明之限額及除外條款，受保成員或任何其他人的可索償費用應先得到國際救援(亞洲)公司的事前批准。國際救援(亞洲)公司保留一切有關提供此等全球緊急支援服務的決定權利。

For more detailed information or service, please call our Worldwide Assistance Hotline :
如欲查詢詳細資料或服務，請致電全球緊急支援熱線：
Tel 電話號碼：(852) 2861 9271

General Exclusions of Group Medical Insurance
團體醫療保險之一般不保事項

Coverage of Master Policy is subject to the following exclusions:
以下為載於主保單內之除外條款：

a) Losses that can be recovered from others
可向第三者提出索償之損失
b) Expenses not deemed medically necessary
非屬必需之醫療費用
c) General checkups
一般身體驗查
d) Congenital or developmental conditions
先天性疾患或成長障礙狀況
e) Human Immunodeficiency Virus (HIV) and its related disability, including Acquired Immunization Deficiency Syndrome (AIDS)
後天免疫力缺乏症病毒及其有關的傷病，包括愛滋病
f) Abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, drunk driving, or venereal and sexually transmitted disease or its sequelae
濫用藥物或酒精、自我毀傷或企圖自殺、違法活動、醉酒駕駛、或經由性接觸傳染的疾病或其後遺症
g) Any charges in respect of services for beautification purposes
以美容為目的的任何服務費用
h) Dental treatment and oral surgery expect for emergency treatment arising from an accident
牙科治療及口腔外科手術，因意外而需在醫院接受的緊急治療除外
i) Maternity and its complications
與懷孕及其併發症有關的所有檢查及治療
j) Purchase of artificial limbs and prosthetic devices
購買義肢及矯型裝置
k) Psychotic, psychological, or psychiatric conditions 精神或心理狀況，以及其身理及心理表現而引致的治療
l) Acupressure, Tui Na, hypnotism, rolfing, massage therapy and aroma therapy, etc.
指壓、推拿、催眠、羅夫式按摩、按摩治療及香薰治療等
m) Experimental and/ or new medical technology or procedures not yet approved by the Company
未獲本公司批准的試驗性及 / 或新醫療技術或程序
n) Non-medical services
非醫療服務
o) Treatment or disability arising from war (declared or undeclared), civil war, invasion, terrorism, acts of foreign enemies, terrorism, hostilities, rebellion, revolution, insurrection or military or usurped power
因戰爭（不論宣戰與否）、內戰、侵略、恐怖活動、外敵行動、敵對行動、叛亂、革命、起義或軍事政變或奪權而引致的治療或傷病
p) Treatment or disability resulting from radioactive contamination
由放射性污染引致的治療或傷病
q) Treatment or disability resulting from taking part in military, air force, naval and other disciplinary services
因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病

Noted : Details of General Exclusions are as per policy wordings
備註：不保事項詳情以保單條文為準。

Enquiries 查詢
For any enquiry, please contact the Health Insurance Department of Macau Insurance Company during office hour. 如有任何查詢，請聯絡澳門保險- 醫療保險部：
Tel 電話號碼：(853) 8396 9538
Fax 傳真號碼：(853) 8396 9570
E-Mail 電郵：health@mic.com.mo
Website 網址：www.mic.com.mo
Office Hours 辦公時間：Monday to Friday 星期一至五
9:00am ~ 1:00pm 早上九時至下午一時
2:00pm ~ 6:00pm 下午二時至下午六時