

# 住院前之評估賠償表格

僱員福利

甲部 索償者資料

:		
:		
:		
:		
:		
:	電話號碼:	
	: : : : :	: 

乙部 外科手術資料

預期住院期間	:
病症名稱	:
手術名稱	:

	估計索償金額 (由主診醫生填寫)	估計索償金額 (只供保險公司填寫)
手術費用		
醫生巡房費用		
麻醉師費用		
手術室費用		
房租		
醫院雜項費用		
總數:港幣		

日期 :\_

月/日/年

注意:

- \* 為使評估賠償更準確,請由主診醫生填寫此表格。估計賠償之金額只供參考之用。請將此表格傳真到2919-9233。
- \* 請於出院後將所有醫院收據連同已填妥之住院索償表格一併交到理賠部以便處理賠償。
- \* 如有任何查詢,請致電熱線2533-5511。

#### <u>額外住院現金-雙重保障,垂手可得</u>

若閣下於萬通保險國際有限公司及其他保險公司同時擁有住院保障計劃,將可在住院期間享有額外現金津貼。閣下 只須先向其他保險公司提交索償申請,而萬通保險國際有限公司將支付住院費用之其餘金額,並按住院日數,為閣 下提供額外住院現金,金額相等於每日住院及膳食保障額或每日實際住院及膳食之金額之百份之五十,以較低者為準。



EMPLOYEE BENEFITS

### **Part I Claimant's Information**

Name of Employer	:		
Policy No.	:		
Name of Employee	:		
Name of Patient	:		
ID Card No./Cert No.	:		
Contact No.	:	Phone :	Fax :

## **Part II Surgical Information**

Expected Period of Hospitalization Diagnosis / Chief Complaints Type of Treatment / Surgical Procedure

	Presented Amount (To be filled in by your Doctor)	Estimated Paid Amount (To be filled in by Insurer)
Surgical Fee		
Ward Visit		
Anaesthetist's Fee		
Operating Theatre Fee		
Room Charges		
Hospital Expenses		
TOTAL : HK\$		
L	Date :	

M / D / Y

Note:

- \* To have a more precise estimation, please have the above information completed by the Doctor. The estimation serves as a general guideline only. Actual reimbursement is subjected to the final approval. Please fax the completed form to us at 2919-9233 for assessment.
- Please submit the full set of hospital receipts and bills together with the completed hospitalization claim form for claim processing after discharge from the hospital.
- Should you have any questions regarding the above, please feel free to contact our hotline at 2533-5511.

#### Take Advantage of our Hospital Income for Double Insurance

If you are currently covered by another insurance plan besides YF Life Insurance International Ltd., we will offer you additional daily cash when you are hospitalized. Just file your claims with the other insurance company and claim the balance from YF Life Insurance International Ltd., you will then enjoy our hospital income which is equivalent to 50% of the daily Room and Board benefit or 50% of the acutal daily incurred Room and Board expenses whichever is the lower times the total number of days of hospitalization.