

服務費用預算 BUDGET ESTIMATE FORM

(只供參考 For Reference Only)

保單號碼 Policy Number										保險中介人姓名 / 編號 Insurance Intermediary's Name / Code					保險中介人聯絡電話 Insurance Intermediary's Contact Number									
T	P	L	H	K						0	0	8												
受保人姓名 Name of Insured										身份證 / 護照號碼 ID Card / Passport No.														
聯絡電話/電郵地址 Contact phone no./Email address																								

重要事項:

- 本表格適用於日間手術護理或香港地區以外住院之費用預算。如病人預計入住香港醫院，請查詢各私家醫院的指定表格。
- 可賠償金額估算是按提交的費用預算所作的估算，只供參考，最終賠償金額需視乎實際入住房間類別、實際接受的治療、程序及服務而定。
- 當遞交填妥表格三個工作天內，閣下將收到可賠償金額估算通知書，通知書不視為理賠審批結果，最終賠案簽批將按保單條款及個案情況而決定。
- 如之前未有遞交被保人及/或保單持有人的身份證明文件，請隨此申請表一併遞交。

Important note:

- This form applies to day surgery care or hospitalization outside the Hong Kong area. If the patient is expected to stay at a Hong Kong hospital, please check the designated forms of each private hospital.
- The Claimable amount estimate is based on submitted budget estimate form and for reference only. The final payable amount are subject to final class of ward, charges incurred from treatment, procedures and services performed.
- When submitting a completed form within 3 working days, the customer will receive a notice of Claimable amount estimate, the notice is not considered as the result of the settlement approval, the final compensation ratify will be determined in accordance with the terms of the policy and the circumstances of the case.
- Please submit a copy of the identification document of the Insured and/or Policy owner, unless submitted before, together with this form.

表格 Form A:

預算醫生費用 Estimated Doctor's Fees (由醫生填寫 To be completed by doctor)			
預計住院時間 Estimated Length of Stay	日 Day(s)	病房級別 Class of Ward	<input type="checkbox"/> 標準房 Standard Room <input type="checkbox"/> 半私家房 Semi-Private Room <input type="checkbox"/> 私家房 Private Room <input type="checkbox"/> 日間服務 Day Care Service
初步診斷 Provisional Diagnosis		預計治療程序 / 手術 Estimated Treatment Procedure / Surgical Operation	
每日醫生巡房費： Daily Doctor's Round Fee:	\$	X	日 Day(s)
手術費： Surgical Fee:	\$		
麻醉科醫生費： Anesthesiologist's Fee:	\$		
其他專科醫生診療費用(請註明)： Other Specialist's Consultation Fee (please specify):	\$		總計： Total:
醫生簽署 Doctor Signature			
本人已向病人 / 親屬 / 獲授權人士解釋上述預算費用，並徵得其同意。 I have explained to the patient / next-of-kin / authorized person details of the above estimated charges and have sought his/her agreement.			
_____ 醫生姓名 Name of Doctor		_____ 醫生簽署 Signature of Doctor	
		_____ 日期 Date	

保單號碼 Policy Number

T	P	L	H	K														0	0	8
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表格 Form B:

預算醫院費用 Estimated Hospital Charges (由醫生根據醫院提供的收費資料填寫 to be completed by doctor based on the charges information provided by hospital)		
醫院名稱(此院): Name of Hospital (this hospital):		
住宿收費①: Room Charges:	\$	X 日 Day(s)
手術室及相關物料費用②: Operating Theatre and Associated Material Charges:	\$	
其他醫院收費(請註明)③: Other Hospital Charges (please specify):	\$	總計: Total:
上述服務費用預算之有效期為: Validity of this Budget Estimate:	(由簽發日期起 from the date of issue)	
病人簽署 Patient Signature		
<p>本人知悉可賠償金額估算並無法律效力，僅為參考。本人明白及同意可賠償金額估算不被視為理賠審批結果，最終賠案簽批及賠償金額需視乎病人實際接受的治療、程序及服務，按保單條款、及個案情況而決定。</p> <p>I understand that the Claimable amount estimate is not legally binding and is for reference only. I understood and agreed that Claimable amount estimate is not considered as the result of the settlement approval. The final claim decision and amount payable shall depend on the actual treatment, procedures and services received by the patient, depending on the terms of the policy and the circumstances of the case.</p>		
<p>個人資料收集及使用</p> <p>本人 / 我們確認本人 / 我們已閱讀、完全明白中國太平人壽保險 (香港) 有限公司(以下稱“貴公司”)的個人資料收集聲明 (個人資料收集聲明)。本人 / 我們同意貴公司可使用、保留、處理、儲存、轉交、透露及 / 或共用在此申請表所載或貴公司不時從其他途徑所搜集、索取、整理或持有之任何有關本人 / 我們的個人資料或其他有關本人 / 我們、本人 / 我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人 / 我們在任何其他申請表不時提出之索賠、申請或要求，及介紹或提供其稍後或其他的服務或產品予本人 / 我們、作出直接促銷、資料核對及 / 或聯絡本人 / 我們的用途。本人 / 我們並同意貴公司可向與貴公司有關的本港或海外的人士、團體及 / 或機構及 / 或任何個人資料收集聲明所述的第三機構 (包括並不限於再保險公司、私人調查方、索賠調查公司、及有關的政府或監管機關、基金管理公司、金融機構或提供貴公司業務運作有關服務之公司) 轉交、透露、授權取得或共用本人 / 我們之個人或其他資料，用作以上列明個人資料收集聲明所述之用途。本人/我們明白到本人/我們有權向貴公司查閱及申請更改貴公司持有或管理與本人/我們有關的個人資料。有關的申請可於貴公司任何一間客戶服務中心辦理。若本人/我們不想收到貴公司發送的銷售資料或刊物，本人/我們會發出信函通知貴公司，而此後本人/我們的個人或其他資料將會存於貴公司為選擇不收取上述銷售資料或刊物的客戶而設的中央資料檔，並會供貴公司及有關之機構/人士作參考。</p> <p>貴公司的個人資料收集聲明最新版本可於以下網址查閱：tplhk.cntaiping.com。</p>		
<p>PERSONAL DATA COLLECTION AND USE</p> <p>I / We CONFIRM that I / we have read and fully understood the Personal Information Collection Statement (“PICS”) of China Taiping Life Insurance (Hong Kong) Company Limited (“the Company”). I / We AGREE that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and / or shared by the Company for the purposes of processing, administering, implementing and effecting the claims, applications or requests made in this application or any other applications by me / us from time to time, introducing or promoting or providing subsequent or other services or products to me / us, direct marketing, data matching and / or communicating with me / us. I / We further AGREE that the Company may transfer, disclose, grant authority for access of or share such personal data and other information to or with individuals, entities and / or organizations associated with the Company and / or to or with any third parties set out in the PICS (including, without limitation, reinsurance companies, private investigators, claims investigation companies, relevant governmental or regulatory authority, fund management companies, financial institutions, or companies providing services to the Company in connection with its business operation, in each case whether within or outside of Hong Kong, for any of the aforesaid purposes or purposes as set out in the PICS. I/we understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to any of the Company's Customer Service Centres. If I/we do not wish to receive marketing information or materials from the Company, I/we will send an opt-out notice to the Company, in which case my/our personal data and other information will be stored thereafter in a centralized system for customers who have chosen not to receive the said marketing information or materials and will be accessible by the Company and its associated organizations/ persons for reference.</p> <p>The updated version of PICS is available from its website: tplhk.cntaiping.com.</p>		
病人 / 親屬 / 獲授權人士姓名 Name of Patient / Next-of-kin/Authorized Person	病人 / 親屬 / 獲授權人士姓名簽署 Signature of Patient / Next-of-kin/Authorized Person	日期 Date
<p>備註 Remarks:</p> <p>1. 病房分類及收費請參考此院網頁。 For Accommodation Charges, please refer to this hospital webpage.</p> <p>2. 表格內列出醫院費用預算的數字，是根據去年度此院接受同類治療的相關病人出院賬單的實際費用統計及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能有差異(例如療程選擇、藥物處方、使用物料等)。 Figures listed are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in this hospital last year and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.</p> <p>3. 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查，診斷程序及其他非手術室相關費用的估算總和。 “Other Hospital Charges” is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures and other non-Operating Theatre related charges.</p>		