日間手術預先保障審核安排服務申請書
Day Case Surgery Pre-Authorization Service Application Form

Please read the following carefully before you retrieve, print or complete this form.

在索取、列印或填寫表格前， 請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by FTLife Insurance Company Limited ("FTLife") (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. FTLife is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, FTLife may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the "Internet Printed Form"), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the "Displayed Form") which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction of difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格] ，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

日間手術預先保障審核安排服務申請書
Day Case Surgery Pre-Authorization Service Application Form

如何申請日間手術/成像檢測安排服務?
How to apply for Day Case Surgery and Advance Diagnostic Imaging Cashless Arrangement Service?

日間手術免找數安排服務適用於「富通」醫療產品。
Day Case Surgery Cashless Arrangement Service is applicable to FTLife Medical Product.

成像檢測免找數安排服務適用於「樂康保」、「摯康保」、「悅康保」、「醫世保」、「裕醫保」、「御醫保特級」及「世逸」醫療保險計劃。
Advance Diagnostic Imaging (ADI) Cashless Agreement is Service is applicable to "TopCare", "BetterCare", "FlexiCare", "MediPro", "MediGold", "MediGold Plus" & "MediChamp" medical plan.

請根據情況進行以下步驟:
Please follow the instructions according to the applicable situation:

1	登入「富通在線」於「E-ConNET 日間手術預約」中選擇所需之日間手術搜尋醫生 ，您可以直接打電話給醫生或在線預約診症。如果您有任何疑問，你可以致電 e 步通醫療服務熱線：(852) 2866 8898 「網絡特選專科醫生」為聯合醫務專業管理有限公司 " UMP" 網絡的日間手術中心或醫療服務機構。您可以不時向富通保險有限公司(「富通」) 要求索取一份最新的網絡醫生名單。 當確定需要進行日間手術時，網絡特選專科醫生會協助填寫本日間手術/成像檢測免找數安排服務申請書(「表格」) 的第二部份。 Login to "Reach FTLife" and select e-ConNET Daycase Booking, select the relevant day surgery for doctor information, you can call the doctor directly or make an online booking for the first consultation, if you have any queries, please contact the e-ConNET Medical Services hotline : (852) 2866 8898 "Appointed Network Specialist" refers to the doctors within the designated day case centre or healthcare provider under the network of UMP Professional Management Limited ("UMP"). You may request from FTLife Insurance Company Limited ("FTLife") for an updated list of the designated doctor(s) from time to time. Once Day Case surgery is confirmed, the Appointed Network Specialist would complete Part II of this Day Case Surgery and/or Advance Diagnostic Imaging Cashless Arrangement Service Application Form (the "Form").
2	受保人或保單持有人需填妥表格的第一。並於受保人住院或進行日間手術前最少四個工作天將表格遞交予 UMP。 Insured/ Policy Holder shall complete Part I of the form and send the form to UMP at least 4 working days prior to the insured's confinement or day surgery.
3	如您的申請成功 UMP 將向有關醫院或醫療機構發出「住院或日間手術付款保證書」並將確認信發送到您的電子郵件。If your application is successful, UMP will issue a "Letter of Guarantee" to the relevant medical provider and send the confirmation letter to your email. *請注意：如醫療費用不超過我們據此表格批准之金額，於受保人完成日間手術後，網絡日間手術中心會將單據(「單據」) 直接交給我們。在理賠手續辦妥後，您將會收到富通發出的賠償通知書。如有差額(定義見下文)及/或有每年自付額，富通將於賠償通知書發出後的 14 天內從您於表格的第二部份授權的信用卡帳戶中收取差額及/或自付額，如有。 *Please note: If the medical expenses do not exceed the amount we have approved under this Form, then upon the insured's completion of the day surgery, the Network Day case centre will send the invoice (the "Invoice") directly to us. You will receive a claims statement after the claim is processed. If there is any Shortfall (as defined below) &/or any balance of annual deductibles, FTLife will arrange for settlement of the Shortfall including the balance of deductibles by debiting from the credit card you have authorized in Part II of the Form within 14 days after the claims statement is dispatched.

日間手術免找數安排服務之條款及條件：
Terms and Conditions for Day Case Surgery Cashless Arrangement Service:

i) 日間手術免找數安排服務不適用於以下醫療費用：
No Day Case Surgery Cashless Arrangement Service will be provided for medical expenses that are:
   a) 超出我們就此表格所批准的金額的費用，或
   in excess of the amount we have approved under this Form, or
   b) 不符合醫療必要或合理及慣常費用定義之費用；或
   the expense which does not meet the definition of Medically Necessary or Reasonable and Customary Charges; or
   c) 過去免找數安排服務下之逾期差額（如有）；或
   overdue shortfall from previous cashless arrangement (if any) ; or
   d) 未在表格上申報之手術費用；或
   the surgical expense which has not yet been declared on the Form; or
   e) 不受該保單保障的費用。
   not covered by the Policy.

ii) 由於我們是根據對醫學療程的估計批核您的免找數安排服務申請；故此，該批核並不代表我們對您的索償的所有項目均已批核或將會批核。我們保留權利在審閱單據後拒絕您的索償，並追回我們已付但不在該保單的保障範圍內的醫療費用（「差額」）（如有）。
Since our approval of your application for Day Case Surgery Cashless Arrangement Service is based on an estimation of the course of medical treatment, that approval does not mean that we have approved or will approve all items of your claim. We reserve the right to reject your claim upon evaluation of the invoice, and recoup the part of the medical expenses which we have paid but is not covered by the Policy (the "Shortfall") (if any).

iii) 您須要提供醫療詳情，並授權富通由您的信用卡戶口收取差額，以及應繳付之每年自付額（如有）。
You will be required to provide details of medical treatment and authorize FTLife to collect the Shortfall & payable annual deductibles (if any) from your credit card account.

iv) 富通對日間手術免找數安排服務引起的一切事項擁有唯一及絕對決定權。
FTLife has the sole and absolute discretion in relation to all matters arising from the Day Case Surgery Cashless Arrangement Service.

v) 富通保留終止或變更日間手術免找數安排服務的權利而無須另行通知。
FTLife reserves the right to terminate or vary the Day Case Surgery Cashless Arrangement Service in our sole discretion without further notice.

日間手術預先保障審核安排服務申請書
Day Case Surgery Pre-Authorization Service Application Form

保單號碼 Policy Number		保險代理 / 經紀姓名 Name of Agent / Broker	
		保險代理 / 經紀編號 Code of Agent / Broker	
		電話 Telephone No.	

此日間手術免找數安排服務適用於「富通」醫療產品。成像檢測免找數安排服務適用於「樂康保」、「摯康保」、「悅康保」、「醫世保」、「裕醫保」、「御醫保特級」及「世逸」醫療保險計劃。This Day Case Surgery Cashless Arrangement Service is applicable to FTLife Medical Product. Advance Diagnostic Imaging (ADI) Cashless Agreement is Service is applicable to "TopCare", "BetterCare", "FlexiCare", "MediPro", "MediGold", "MediGold Plus" & "MediChamp"medical plan.

請於填寫此表格前細閱「如何申請日間手術/成像檢測安排服務?」之條款及條件。請填妥此表格並於進行日間手術前最少四個工作天，以傳真(852) 3468 2603 或電郵 FTLife.PA@ump.com.hk 方式遞交予 UMP。

Please read the section on "How to apply for Day Case Surgery and Advance Diagnostic Imaging Cashless Arrangement Service?" and the "Terms and Conditions for Day Case Surgery Cashless Arrangement Service" before completing this Form. Please send the completed Form to UMP by fax (852) 3468 2603 or e-mail FTLife.PA@ump.com.hk at least 4 working days prior to admission.

第一部份-由受保人或保單持有人填寫

Part I - To be completed by the Insured / Policy Owner

A. 受保人及保單持有人個人資料 Personal Particulars of the Insured and Policy Owner

1. 保單持有人姓名 Name of Policy Owner		2. 受保人姓名 Name of Insured	3. 受保人身份證 / 護照號碼 Insured's ID / Passport No.
4. 受保人年齡 Age of Insured	5. 受保人性別 Sex of Insured	6. 保單持有人電話號碼 Telephone No. of Policy Owner	7. 保單持有人電郵地址 E-mail Address of Policy Owner

B. 信用卡付款授權書 Credit Card debit authorization (此部分必須填寫 this section must be completed)

收取差額及/或應繳付之每年自付額之信用卡授權書 Credit Card Authorization Form for Shortfall &/or Payable Annual Deductibles (if any) Collection

如富通向醫院支付的費用超出該保單的保障範圍，此授權書將授權富通從以下的信用卡帳戶收取差額及/或應繳付之每年自付額〈如有〉。信用卡持卡人可以是該保單之保單持有人、受保人、受益人，或保單持有人 / 受保人之直系親屬，包括父母 / 配偶 / 子女 / 兄弟姊妹 / 祖父母 / 孫子女 / 配偶的父母 / 子女的配偶。富通將於信用卡保留港幣5,000 元，直至整個理賠程序完結為止。富通將於收取差額的十四天前向保單持有人發出差額付款通知書。
(請注意，就香港客戶而言，我們會接受 VISA, MASTER CARD及American Express)

In the event that the Company has settled any charges not covered by the Policy, this Part authorizes FTLife to collect the Shortfall &/or payable annual deductibles (if any) by debiting from the following credit card account. The credit card holder can be the Policy Owner, the insured, beneficiary or close relative of policy owner / life insured including parent / spouse / children / siblings / grandparent / grandchild / parent-in-law / son-in-law / daughter-in-law. FTLife will hold HKD 5,000 from the credit limit of this credit card account until the claim assessment is fully completed. The shortfall notification will be sent to Policy Owner 14 days prior to collection. (Please note that for Hong Kong customers, Visa Card, Master Card and American Express Card are acceptable)

持卡人姓名 Cardholder's Name:	持卡人身份證 / 護照 Cardholder I.D. /Passport No.:	持卡人與保單持有人/受保人的關係 Relationship with Policyowner/Insured:
信用卡號碼 Credit Card Account No.:	信用卡到期日 Credit Card Expiry Date:	

本人授權及指示富通如本第一部份上文所述，從本人的信用卡戶口的信用額保留港幣5,000元及從其扣除差額及/或應繳付之每年自付額

I hereby authorize and direct FTLife to hold HKD 5,000 from the credit limit of and debit the Shortfall &/or payable annual deductibles (if any) from my credit card account as detailed above in this Part I.

持卡人簽署 Cardholder's Signature: 日期(日/月/年) Date (DD/MM/YY):	聯絡電話 Contact no.:

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FTLife 富通保險

收集個人資料聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱 “富通保險” ）之個人資料收集聲明（“該聲明”）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及/或披露/分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於富通保險的網址下載：www.ftlife.com.hk，及可向貴公司索取。

I /We confirm that I/we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from FTLife’s website: www.ftlife.com.hk, and will be made available upon request.

聲明及授權書 （由保單持有人及受保人簽署，如受保人未滿*18*歲，則由其家長或合法監護人簽署） 。
Declaration and Authorization *(To be signed by the policyowner and insured OR to be signed by the insured’s parent / legal guardian if the insured is under the age of 18).*

本人/我們聲明上述一切陳述及對問題的所有答案均為事實之全部，並確實無訛。
I/We declare that the above statements and answers made by me/us are true, accurate and complete.
本人/我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險有限公司。即使本人或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及承讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。
I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me or the Insured named to give such information to FTLife Insurance Company Limited. This authori- zation shall bind the successors and assignees of me/the Insured and remain valid notwithstanding the death or incapacity of me/the Insured. A photocopy of this authorization shall be as valid as the original.

本人 / 我們明白及同意I/We understand and agree that:

1) 遞交此住院免找數安排服務申請書或由貴公司簽發付款保證信均不得被詮釋為等同於貴公司承擔賠償責任。
Neither submission of this Inpatient Cashless Arrangement Service Application Form nor the issuance of letter of guarantee by the Company shall be construed as admission of liability on the part of the Company.

2) 若貴公司曾支付任何不在該保單的受保障範圍內的費用〈如: 應繳付之每年自付額〉，貴公司將從第一部份指定的信用卡中扣除差額。若貴公司因任何原因包括但不限於有關信用卡戶口的信用額不足，以至未能收取該筆差額，貴公司將有權把差額從貴公司據該保單及/或任何由貴公司簽發的保單所應支付予該保單的保單持有人的任何金額中抵銷扣除，包括但不限於任何身故賠償(在法律允許的範圍內)、紅利或保費退還(不論任何原因)，不論該保單的保單持有人本來是否將以一份保單的擁有人的身份有權獲得該等金額。
In the event that the Company has settled any charges not covered by the Policy, i.e. any payable annual deductibles, the Company shall deduct the Shortfall from the credit card as specified in Part I. However, if collection of the Shortfall is unsuccessful due to any reasons including but not limited to insufficient funds in the credit card account, the Company shall have the right to offset the Shortfall against any amount due or payable to the Policy Owner from the Policy and /or any policy issued by the Company including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason), irrespective of whether the Policy Owner is otherwise entitled to receive that amount in the capacity of a policy owner.

本人/我們明白若此免找數安排服務申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Cashless Arrangement Service Application Form, the English version shall prevail.

保單持有人簽署
Signature of Policy Owner : x _____

見証人簽署
Signature of Witness : x _____

保單持有人姓名 (大寫)
Name of Policy Owner (in block letters) : _____

見証人姓名 (大寫)
Name of Witness (in block letters) : _____

身份證 / 護照號碼
ID / Passport No. : _____

日期 (日/月/年)
Date (DD/MM/YY) : _____

日期 (日/月/年)
Date (DD/MM/YY) : _____

受保人簽署 (年齡十八歲或以上必須簽署)
Signature of Insured (whose age is 18 or above): x _____

If the insured is under the age of 18, please provide the following information:

受保人姓名 (大寫)
Name of Insured (in block letters) : _____

身份證 / 護照號碼
ID / Passport No. : _____

日期 (日/月/年)
Date (DD/MM/YY) : _____

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FTLife 富通保險

第二部份 - 由受保人的主診醫生填寫(費用由保單持有人支付)

Part II - To be completed by the Attending Doctor of the Insured (Cost to be borne by Policy Owner)

1. a. 病人姓名 Name of patient	b. 身份證/護照號碼 ID / Passport No.	c. 年齡/性別 Age / Sex

醫療詳情 Medical Condition

2. 第一次求診日期(日/月/年)
First consultation date (DD/MM/YY):

3. 診斷 Diagnosis:

4. 求診時之病徵或不適：
The symptoms/complaints on the date of the consultation:

5. 手術/檢測日期 (日/月/年) Date of Operation/ADI test (DD/MM/YY) :	6. 病徵或不適首次出現之日期 (日/月/年)： Date on which symptoms/complaints first appeared (DD/MM/YY):

7a. 手術名稱： ☐ 腸鏡 Colonoscopy ☐胃鏡 O.G.D.
☐ 白內障手術 Cataract Removal ☐ 左眼 Left Eye ☐ 右眼 Right Eye ☐ 雙眼 Both Eye
☐ 脫疣手術

☐ 其他 Others: _____

7b. 日間手術明細 Operation Description:
(Such as left/right eye for cataract surgery 例如白內障手術左/右眼)

7c. Anaesthetic arrangement 麻醉安排:
☐ 靜脈注射鎮靜 IVS
☐ 監測麻醉 M.A.C. ,(If any 如有) Name of the Anaesthetist and fee 麻醉師姓名及費用: _____ $_____

9d. Day Surgery Center
日間手術中心名稱： _____

9e. Other Fee 其他費用:
List out the reasons & extra fee for any consumables / medications needed for Day Surgery 列出日間手術所需的任何消耗品/藥物的原因和額外費用

項目及原因 Items & reason: _____ 劑量及次數 Dosage & Frequency _____

額外費用 Extra fee: $ _____

醫生聲明及簽署 Doctor's Declaration and Signature

本人謹此證明本人已親自為病人就上述之病症或受傷進行檢查，並確認以上提供的有關病人現時及過去的情況的資料就本人所知所信屬實。
I hereby certify that I have personally examined the patient and attended to his/her illness or injury, and that the information about his/her current and past condition as stated above is true to the best of my knowledge and belief.

主診醫生姓名 (專業資歷) Name of Attending Doctor (with qualification) _____ 地址及電話號碼 Address & Phone No.	簽署 (及印章) Signature (with chop) _____ 日期 (日/月/年) Date (DD/MM/YY)

只供內部使用 Internal Use Only (由 UMP 填寫 completed by UMP)

Day Surgery 日間手術
☐胃鏡 Gastroscopy ☐腸鏡 Colonoscopy ☐IVS ☐MAC
☐白內障手術 Cataract: ☐左眼 Left eye ☐右眼 Right eye
☐其它 Other (請說明please specify)_____