redefining / standards

Policy Number 保單編號：

MediPartner Health Plan
安盛安心醫療計劃
Pre-authorisation Form II
預先授權申請表 II

Fax 傳真號碼：(852) 2285 6297

Part II – To be completed by the attending doctor
此表格第二部份必須由主診醫生填寫

1. Details of Insured 被保人資料

Policy Number 保單號碼	Full name of Insured 被保人姓名	HKID Card/Passport No. 香港身份証 / 護照號碼	Date of birth 出生日期	Contact no. 聯絡電話

2. Diagnosis Details 診斷詳情

1. Diagnosis/symptoms presented 診斷/病徵出現

2. Onset Date 病徵出現日期

3. Is it a chronic/recurrent illness 是否慢性/復發疾病 if yes 是，first onset date 首次出現病徵

4. Name of Referring Doctor/Usual Doctor and telephone no. (Please enclose referral letter, if any) 轉介/家庭醫生之姓名及電話 (請提供轉介信，如有)

3. Diagnostic/Surgical Procedures 診斷性/外科手術

5. Name of Hospital/Day Case Unit: 醫院 / 日症中心名稱：

☐Clinic 診所 ☐Hospital OPD 醫院門診部 ☐In-patient 住院 ☐Day Case 日症

6. Treatment date 治療日期 / Date of Admission 入院日期 (DD日/MM月/YY年)

7. Estimated Length of Stay 預計留院日數

8. Bed Class 住院級別
☐Private 私家房 ☐Semi-private 半私家房 ☐Ward 大房 ☐Daycase 日症

9. Name of Surgery or Procedure: 手術名稱或程序：

10. Surgical Fee: 手術費用：

11. Treatment Plan 治療計劃

12. In-patient Physician Fee per day (HK$) 每日醫生費用(港幣)

13. Diagnostic tests (e.g. CT/MRI/PET scans) required during hospitalisation and please provide reason.
請提供原因為何診斷測試(例如電腦掃描/磁力共振/正電子掃描)需要在住院進行。

14. If hospitalisation is arranged for physiotherapy or a surgical procedure or that is normally carried out in a day case or clinical setting, please explain why hospital stay is necessary.
如是次住院之目的為進行物理治療或一般日症或一般臨床檢驗，請說明留院之原因。

15. Was the medical condition caused by or related to the following: 此病是否與下列情況有關及引致：

☐ Influence of drugs or alcohol or narcotics consumption 藥物或酒精或毒品的影響
☐ Pregnancy, infertility or sterilization 懷孕，不育或絕育 -
☐ Treatment for cosmetic purpose 美容治療 -
☐ Self-inflicted injury 自我傷害 -
☐ Any congenital or inherited disorder or development conditions 先天性或遺傳性疾病或發展條件 -
☐ General check-up or vaccination 一般身體檢查或防疫注射 -
☐ AIDS,HIV sexually transmitted disease 愛滋病，人類免疫力缺損，性病
☐ Tonsils, adenoids or hernia, female generative organ 扁桃腺，腺樣增殖體，疝氣或女性生殖器官疾病
☐ Mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder 精神障礙，心理或精神情況，行為問題或人格障礙
☐ Sleep disorder 睡眠障礙
☐ Treatment for obesity 治療肥胖症

4. Referral to a Non-Network Specialist (if applicable) 轉介非網絡專科醫生(如適用)

Specialty 專科	Name of Specialist 專科醫生姓名	Tel. no 電話號碼	Reason for Referral 轉介原因

5. Declaration and agreement 聲明及授權

Name of Physician 醫生名稱

Contact Tel. No. 聯絡電話

Fax No. 傳真號碼

Signature of Physician 醫生簽署

Date 日期

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