AIA International Limited
(Incorporated in Bermuda
with limited liability)

Customer Hotline: 2232 8888

AIA.COM.HK

CHEUK
FLAT B 1/F BLK 8
[redacted]
[redacted]
NT

Date	日期	OCT-26-2017
Policy No.	保單號碼	[redacted]
Area Code	地區代號	4S
Agent	營業員	[redacted]
Agency	營業組別	CHAMP ELITES [redacted]
Insured	受保人	[redacted]
Accident Date	意外日期	
In Hospital Date	住院日期	09/10/2017
Discharge Date	出院日期	10/11/2017
Ref. No.	存案號碼	B362952870

Your claim application has been approved and the settlement details are enclosed for your reference.

This payment does not constitute a waiver of any grounds of defense that the Company may have with respect to this matter. Your acceptance of this cheque will constitute your acknowledgment of the basis on which the claim is being paid.

Should you have any queries, please feel free to contact our Customer Service Hotlines at 2232-8888 (Hong Kong) or 8988-1822 (Macau).

閣下所遞交之上述索償申請已經審批完畢。現附上賠償項目及詳情以供參考。

是次作出之賠償並不損本公司就有關索償事宜作出申辯或追討之權利。
閣下收取及兌現附奉之支票則表示 閣下知悉及認同作此賠償之根由。

如有任何查詢，請致電友邦客戶熱線2232-8888(香港)/8988-1822(澳門)。

Remark 註:
REMAINING DEDUCTIBLE IN THE POLICY YEAR: USD0.00

CHEQUE NO.
支票號碼
880393

Exchange Rate : 7.8085 Total :US$99995.74

友 邦 保 險 (國 際) 有 限 公 司
AIA INTERNATIONAL LIMITED

DATE 日期 OCT-26-2017

PAY 祈付 CHEUK **********

HK Dollars Seven Hundred and Eighty Thousand Eight Hundred and Seventeen Only

NOT NEGOTIABLE
A/C PAYEE ONLY

HK $ *****780,817.00

FOR AND ON BEHALF OF
AIA INTERNATIONAL LIMITED

citi
Citibank, N. A., Hong Kong Branch
(Organised under the laws of U.S.A. with limited liability)

⑈880393⑈ 006⑈391⑆ 61562726⑈

AIA International Limited
(Incorporated in Bermuda
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CHEUK
FLAT B 1/F BLK 8

NT

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Description 項目	Day / Call 日數 / 次數	Claim Amount 索償金額 (HK$)	Settle Amount 賠償金額 (US$)
CEO Essence Medical Rider			
「亞洲至尊」醫療附加契約			
Room & Board			
病房及膳食費	32	32960.00	4146.40
Hospital Companion Bed Benefit			
住院陪床惠益	2	560.00	70.45
Meal Charges			
膳食費	32	2674.00	336.39
Physician's Visit			
醫生巡房費	32	266500.00	33525.98
Misc. Hospital Expenses			
住院雜費		348809.00	43880.54
Surgeon's Fees			
手術費		80000.00	10064.09
Anaesthetist's Fees			
麻醉師費		28000.00	3522.43
Operation Theatre Fees			
手術室費		35369.00	4449.46
Sub-Total			
合共			99995.74
Remaining Annual Limit			
個人年度賠償額結餘:USD 1,150,004.26			
Remaining Lifetime Limit			
個人終身賠償額結餘:USD 3,025,004.26			
Accumulated Deductible Amount (in pro-rata			
basis) within policy year			
保單年度累積扣除金額(按比例計算):			
USD 1,800.00			

Exchange Rate : 7.8085 Total :US$99995.74

AIA International Limited
(Incorporated in Bermuda
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MEDICAL CLAIM FORM 醫療賠償申請書

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份 (由受保人或申請人填寫)

Policy Number 保單號碼 [redacted]	Name of Insured 受保人姓名 [redacted]	ID Card Number / Passport Number 身份證號碼 / 護照號碼 [redacted]XXXX
Area Code 區域編號 45	Agency / Broker Name 營業員組別 / 經紀名稱 [redacted]	Agent / Broker Code 營業員號碼 / 經紀號碼 [redacted]
Agency Code 營業員組別編號 8365	Agent / Broker's Name 營業員 / 經紀姓名 [redacted]	Agent / Broker's Tel. No. 營業員 / 經紀聯絡電話 [redacted]

O1002065

Benefits to Claim 索償類別 ☑ HS/IMP ☐ HB/HI ☐ Maternity Benefit ☐ AI/WI ☐ PA ☐ VGA ☐ GROUP PA

This case is a 本個案為:

☑ New Claim 首次索償 ☐ Further Claim 再度索償 ☐ Pending Claim 待決賠償 ☐ Review / Appeal 重批 / 覆核

Are you making any other insurance or compensation claim as a result of this treatment? ☐ No 沒有 ☐ Yes 有
有關是次治療，閣下有否向其他保險公司 / 機構申請賠償?
If yes, please provide the below information. 如有，請提供下列資料。
Name of insurance company / organization:
保險公司 / 機構名稱:_____
Policy No. / Membership No.:
保單 / 會員編號:_____

PLEASE COMPLETE QUESTIONS 1 TO 5 AND 8 TO 10 IF HOSPITALIZATION WAS DUE TO ACCIDENT
因意外受傷入院請填寫問題1至5及8至10

1. Date and time of accident 意外日期及時間
   MM月 / DD日 / YYYY年 : HR 時 MIN 分 ☐ A.M. 上午 ☐ P.M. 下午
2. Where and how did it happen 意外地點及經過
3. Part of body injured and type of injury 受傷部位及傷勢
4. Present occupation (if more than one, state all) and exact nature of occupational duties
   現職(若有兼職請列明)職位及職責
5. Name and address of business or employer
   公司或僱主名稱及地址

PLEASE COMPLETE QUESTIONS 6 TO 10 IF HOSPITALIZATION WAS DUE TO ILLNESS
因病入院請填寫問題6至10

6. Give a brief description of symptoms 描述病徵及病狀
   same as P.2
7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已存在多久?
8. Give details of consultations 診治詳情
   (a) The doctor first consulted for this illness
   首次就診的醫生資料
   Date 求診日期 _____ MM月 / DD日 / YYYY年
   Name and address of doctor / hospital
   醫生 / 醫院名稱及地址
   refer to P.3.

(b) The doctor who referred the insured to hospital / other doctors seen for this or similar past condition
建議入院的醫生資料 / 其他曾診治此病或過往同類病況的醫生資料
Name and address of doctor / hospital
醫生 / 醫院名稱及地址
Date
求診日期
refer to P.3

9. (a) Please give the date of admission and the date of discharge. 請提供入院及出院日期。
   Date of Admission 入院日期: 9 10 2017 (MM月 / DD日 / YYYY年)
   Date of Discharge 出院日期: 10 11 2017 (MM月 / DD日 / YYYY年)
   (b) Please give the admission period in Intensive Care Unit, if any: 請提供入住深切治療部日期，如適用:
   From 由 _____ (MM月 / DD日 / YYYY年)
   To 至 _____ (MM月 / DD日 / YYYY年)
   (c) Have you taken any home leave during the hospital confinement? 您有否於住院期間請假外出?
   ☑ No 沒有 ☐ Yes 有
   If Yes, please state the date and time of your home leave.
   如有，請列明外出之日期及時間。
10. Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Planner / Broker? If so, please state the relationship.
    若就診之註冊醫生 / 醫療服務提供者與受保人 / 索償人 / 友邦財務策劃顧問 / 保險經紀有任何關係，請列明之:

Policy Number 保單號碼 | | | | | | | | | | |

PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部份申請人自費由主診醫生 / 手術醫生填寫

1. (a) Name of patient 病人姓名

Cheuk Man Lee

(b) ID Card / Passport Number 身份證 / 護照號碼

Y061995(5)

(c) Age 年齡 28 Y (d) Sex 性別 F

2. Hospitalization 住院

Name of hospital 醫院名稱:

St. Teresa's Hospital

Date of Admission 入院日期: 09 / 10 / 2017 (MM月 / DD日 / YYYY年)

Date of Discharge 出院日期: 10 / 11 / 2017 (MM月 / DD日 / YYYY年)

Period in Intensive Care Unit 入住深切治療部日期

From 由 (/ /) (MM月 / DD日 / YYYY年)

To 至 (/ /) (MM月 / DD日 / YYYY年)

3. Chief complaints of the patient relating to this hospitalization / surgery
此次住院 / 手術的主要原因

abdominal pain and fever

4. Date of the accident occurred or symptoms first appeared
首次出現病徵日期或意外發生日期 (/ /) (MM月 / DD日 / YYYY年)

5. Date of first consultation for this condition or related illness
病人首次求診日期 (/ /) (MM月 / DD日 / YYYY年)

6. Final diagnosis / Pathological diagnosis 最終診斷 / 病理診斷

Ruptured appendicitis complicated by paralytic ileus and intra-abdominal infection
Right pleural effusion

ICD-10 code 國際疾病分類代碼(ICD-10)

7. Medical / Surgical Procedure 醫療 / 手術程序

Date of Operation 手術日期

1) 09 / 10 / 2017
2) 09 / 26 / 2017
(MM月 / DD日 / YYYY年)

Nature of Procedure 手術名稱

1) laparoscopic appendectomy
2) insertion of chest drain

CPT code 目前使用醫療服務術語代碼

8. Present Prognosis 現時進展

Stable

9. (a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were medically necessary and recommended by you?
是次檢查、治療及住院日數(如有)是否和上述診斷有直接關係而且是醫療所需及由醫生建議?

☒ Yes 是 ☐ No 不是

If No, please give details. 若不是，請詳述之。

Please answer the following questions if the insured requires hospitalization:
若受保人需要住院，請回答以下問題:

(b) Were the medical test(s) and equipment for the procedure available only in hospital?
該檢查及手術所需的設備是否僅在醫院可有?

☒ Yes 是 ☐ No 否

(c) Can the medical test(s) and the procedure be done on an outpatient basis / at day surgery centre?
該檢查及手術可否在門診 / 日間手術中心進行?

☐ Can 可以 ☒ Cannot 不可以 Please refer to (e)

(d) The surgery could only be performed under general anaesthesia?
手術是否必須在全身麻醉下進行?

☒ Yes 是 ☐ No 否

For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay.
如手術在監察麻醉下進行, 請註明住院原因。

(e) Please indicate the clinical risk(s) and medical reason(s) for hospitalization:
請註明臨床風險及須留院的醫療原因：

☐ Current Health Status (Co-morbidity) 現時健康狀況(合併症):
Please specify 請明確說明:

☐ Expected higher risk at operation 預期較高手術風險:
Please specify 請明確說明:
Ruptured appendicitis

☐ Expected higher post-operative risk 預期較高手術後風險:
Please specify 請明確說明:
Intra-abdominal infection / paralytic ileus

☒ Others, please specify the reason for admission and hospitalization:
其他，請註明必須入院及留院的原因:
Ms. Cheuk experienced severe abdominal pain and fever 4 days before admission; therefore she was admitted to the hospital as acute abdomen should be excluded/ managed as in-patient

(f) Is it a case of emergency?
這是否緊急個案?

☒ Yes 是 ☐ No 否

If yes, please specify. 如是，請明確說明。

Ruptured appendicitis

Policy Number 保單號碼 | | | | | | | | | | |

10. Brief discharge summary (including treatments, investigation procedures, results and / or any complications and follow up plan)
出院撮要：(治療及以後治療計劃，包括診查辦法、結果，併發症及跟進計劃)

- CT abdomen revealed ruptured appendicitis with intra-abdominal collection
- laparoscopic appendectomy done
- post-opeartively complicated by paralytic ileus, right pleural effusion and persistent fever despite multiple antiobiotics/ anti-fungal treatment

12. Had the patient taken any home leave during the hospital confinement?
病人有沒有於住院期間請假外出？

☒ No 沒有 ☐ Yes 有

If Yes, please state date, time and reason of the patient's home leave.
如有，請列明外出之日期、時間及原因。

11. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?
據閣下所知，病人以前有沒有患有同類病況？

☒ No 沒有 ☐ Yes 有

If yes, please state dates and details.
如有，請說明何時及當時情況。

Treatment Dates 診治日期 (MM月 / DD日 / YYYY年)

Details 詳情

13. Was the patient referred by another doctor?
病人是不是經其他醫生轉介？

☒ No 不是 ☐ Yes 是

Name and address of the referral doctor
轉介醫生的姓名和地址

PLEASE COMPLETE IF HOSPITALIZATION WAS DUE TO ACCIDENT
因意外受傷入院請填寫此欄

14. (a) Present Condition of Injury
現時受傷情況

(b) Patient's occupation and exact nature of occupational duties.
病人之職業及職責

(c) Bearing in mind the patient's occupation, in what way do you feel the injuries would / would not totally prevent the patient from working?
以病人之職業而論，閣下認為此傷勢會不會令病人完全不能工作？請列明原因。

I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief.
本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實。

HOSPITAL STAMP FOR INSURANCE CLAIM FORM
ST. TERESA'S HOSPITAL

Dr. Yan Chun Ting, Fergus
MBBS(HK), FHKCP, FHKAM(Medicine)
MRCP(UK), Dip Med(CUHK)
DCH(Ireland), DFM(Monash)

Name of Attending Physician / Specialist (with qualifications)
主診 / 專科醫生的姓名 (資歷)

Signature (with chop)
簽名 (蓋印)

1/F, Glassview Commercial Building,
65-67 Castle Peak Road, Yuen Long,
N.T.
Tel: 23860292

Address and Telephone No.
地址及電話

11 Oct 2017

Date 日期

Policy Number 保單號碼 | | | | | | | | | | |

PART III CLAIMS DOCUMENT CHECKLIST
第三部份 索償文件參考表

Please tick against the Required Documents submitted with this application form. If you want to get back the Original Medical Receipt(s) / Sick Leave Certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.
請於連同此表格提交的基本文件欄內劃上"X"號。如欲退回任何呈交之正本醫療收據 / 病假証明書，請一併遞交『退回正本文件』申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料，我們會通知閣下或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。

Document Type 文件類別	Hospital & Surgical Benefit 住院及手術賠償	Hospitalization Benefit / Hospital Indemnity / Hospital Income Benefit 住院惠益 / 住院償金
☐ Owner's ID Copy 保單持有人的身份證副本	✓	✓
☐ Medical Claim Form - Part 2 (OPCLMF03) 醫療賠償申請書 - 第二部份 (OPCLMF03)	✓	✓
☐ Laboratory / X-Ray / CT Scan / MRI / Pathological Report(s) 化驗 / X-光 / 電腦掃描 / 磁力共振 / 病理檢驗報告	✓	✓
☐ Original Medical / Hospital Receipts and Statement of Charges (Claimed Amount:_____) 醫院，醫療收據 / 收費單正本 (索償金額:_____)	✓	*
☐ Hospital Discharge Summary / Sick Leave Cert with clear Diagnosis (Period: From _____ To_____) 出院總結 / 列有診斷証明之病假証明書 (時段: 由 _____ 至_____)	*	✓
☐ Photocopy of Hospital Receipt and Statement of Charges 醫院，醫療收據 / 收費單副本	*	✓
☐ Compensation Breakdown from other Insurer / Party 其他保險公司或機構之賠償細算表	✓	*
☐ Request for Return of Original Document(s) (OPUAIF28) 退回正本文件申請表格 (OPUAIF28)	*	*
☐ Individual Life & Group Claims Arrangement Form (OPCLMF61) 壽險及團體賠償安排表格 (OPCLMF61)	*	*
☐ Photocopy of New Born Baby's Birth Certificate / Other Supporting Documents (Only applicable for Maternity Benefit Claim) 初生嬰兒出世紙 / 其他出生證明文件副本 (只適用於分娩惠益索償)	*	*

✓ **Required Documents 基本文件** * **Optional Documents 附加文件**

AIA e-Advice 「友邦電子通知書」

(Please mark a "X" in the box to apply for this service. 閣下如欲申請此服務請於空格內劃上"X"號。)

☐ Apply for Internet Service "AIA e-Advice" to suppress physical copies of the selected correspondences and view / download the softcopies via AIA Customer Corner for the above policy and any other policy numbers if specified as below, subject to the #Terms and Conditions of "AIA e-Advice".
申請「友邦電子通知書」網上服務，提交以上保單及其他下列保單號碼（如有）之停止收取個別通知書並透過友邦客戶專頁閱覽或下載個別通知書，並根據「友邦電子通知書」的#條款及條件使用。

*Email address 電郵地址:_____ Signature Of Owner 持有人簽署:_____

Other policy number(s) 其他保單號碼: _____
(Not applicable to Personal & Accident policies started with policy prefix A / E / P and Personal Lines policies with policy prefix C.
不適用於保單號碼字首為 A / E / P 之人身意外保險保單及保單號碼字首為C之個人財物保險保單。)

For details of the Terms and Conditions of the "AIA e-Advice", please visit AIA Customer Corner www.aia.com.hk. 有關條款及條件之詳情，請登入www.aia.com.hk之友邦客戶專頁參閱。
* Email notification for this claim will only be sent to the email address provided in this form. 是次賠償之個別通知書只會電郵至此表格內所列出之電郵地址。

Claims Payment Option 支付賠償方法

For e-Bankin customers, the Claims payment will be transferred to the designated bank account.
已成功登記使用「電子入賬服務」之客戶，本公司會將賠償款項轉入至指定之銀行戶口。

If e-Bankin has not been registered, Claims benefit will be paid by Cheque in:
如未有登記使用「電子入賬服務」，賠償金額將會以支票支付，貨幣選擇為:

☐ **Hong Kong Dollar 港元**

☐ **Policy Currency 保單貨幣**

a. I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by the Company at its discretion.
本人 / 我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註（如適用）所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣（"選擇貨幣"）作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務。

b. I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency conversion.
本人 / 我們明白及同意如本人 / 我們選擇任何保單下所作出的利益款項以"選擇貨幣"支付，本人 / 我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。

Policy Number 保單號碼 | | | | | | | | | | |

Important Note 注意事項

a. In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents as stated in this application form Part III "Claims Document Checklist". 為使能盡速辦理您的索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱此表格第三部份之 "索償文件參考表"。

b. In case you want to claim for other benefits such as critical illness, disability benefits, etc., you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence. 如您還需申請其他賠償類別，如：危疾、傷殘等，您須另行填寫及遞交相關的索償申請表格和所需證明。

c. Please acknowledge AIA in written if you request to have your claim be processed by "Express Claims Services" which provides speedy medical claim payment which requires investigation. For details of the Terms and Conditions of "Express Claims Services" , please visit AIA Customer Corner www.aia.com.hk. 如欲就此索償申請「友邦特快理賠處理」服務，請以書面通知友邦，此服務專為需進行調查的醫療申請先作出賠償安排。有關條款及條件之詳情，請登入www.aia.com.hk之友邦客戶專頁參閱。

Other Information 其他資料

DECLARATION AND AUTHORIZATION 聲明及授權

I / We DECLARE that the answers given above are true and complete and I / we have already paid in full to the attending physicians for the medical expenses specified on the receipts which I / We am / are now submitting to AIA International Limited (hereinafter called "Company").
本人 / 我們現聲明以上每一項答案為完全和真確及確認是次向友邦保險(國際)有限公司 (以下簡稱"公司")遞交之單據乃由本人 / 我們之醫生發出，單據所載之醫療費用經已全數繳付。
I / We hereby irrevocably authorize:

a. any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of the Company may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured'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 / our / the Insured'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.

c. All personal information obtained herein is collected for the purpose of, (i) assessing, processing, evaluating and determining your requests of application for medical claims or services referral and (ii) analysing, investigating, approving and / or determining your claims submitted and will be transferred to AIA's authorized medical panels or its relevant associates / nominees / subsidiaries ("third party administrators"). You authorize us to transfer your personal information to the third party administrators and further give your consent to all third party administrators who / which are in receipt of your personal information that they may process your personal information and transfer all your processed personal information to us for the administration of your insurance policy and provide insurance services to you. Without your voluntary consent, personal information collected will not be transferred to the third party administrators. You can choose not to provide the personal information required, but that will result in not qualifying for receiving any of the services above.

本人 / 我們茲授權：

a. 任何知悉或擁有本人 / 我們 / 被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人 / 我們 / 被保人診治之機構、組織或人士、向貴公司透露有關資料，不得撤回，即使本人 / 我們 / 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 / 我們 / 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 / 我們 / 被保人進行所需之醫療評估及測試，並對本人 / 我們 / 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，不得撤回。此等化驗會包括，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、受滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝品之含量等化驗。

c. 所收集的個人資料會被用作(i)評估、處理、審核及釐定您的索償申請或服務轉介及(ii)分析、調查、批核及 / 或釐定您的索償申請之用及轉移至友邦保險授權之醫療網絡或其相關之附屬成員 / 代名人 / 附屬公司（「第三方管理人」）。您授權我們轉移您的個人資料給予第三方管理人，並進一步授權所有第三方管理人在收到您的個人資料後，他們可以處理您的個人資料並將您的個人資料轉移至友邦保險作處理保單行政事宜，並為您提供保險服務。然而所收集的個人資料未經您授權將不會轉移至該第三方管理人。您可選擇不向我們提供所需的個人資料，惟這樣可能導致未能獲得任何上述的服務。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
I / We declare and 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 collected and utilized in accordance with the AIA PIC.
I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用
本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。
本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。
本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Owner / Trustee
持有人 / 信託人簽署

(Please do not sign on blank form and use the signature on our file.
請勿在空白表格上簽署，並確保簽名與保單申請書一致)

Name 姓名 [redacted]

ID Card / Passport Number 身份證 / 護照號碼 [redacted] Date 日期 10/11/2017

Relationship with the Insured 與受保人關係 [redacted]

Signature of Insured, if other than Owner / Trustee
受保人簽署, 倘非持有人 / 信託人

(Please do not sign on blank form and use the signature on our file.
請勿在空白表格上簽署，並確保簽名與保單申請書一致)
(Whose age is 18 or above 年齡十八歲或以上必須簽署)

Name 姓名

ID Card / Passport Number 身份證 / 護照號碼 Date 日期

Signature of Witness 見証人簽署 [redacted]

Name 姓名 [redacted]

Date 日期 10/11/2017

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收 費 單
STATEMENT OF ACCOUNT

日期 DATE: 13-Sep-2017 10:56:20

編號 NO: AC2017109897

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
10-09-17	COMPUTED TOMOGRAPHY	電腦掃描	$23,950	
	EXTRA BED	加床位費	$280	
	LABORATORY	化驗費	$7,622	
	MEAL/BEVERAGE	膳食費	$25	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,398	
	OPERATING THEATRE CHARGE	手術室費	$21,600	
	OPERATING THEATRE MATERIALS	手術室物料費	$13,769	
	ADMISSION SERVICE	入院服務	$180	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$1,194	
				$72,048
11-09-17	HISTOPATHOLOGICAL EXAMINATION	病理化驗	$1,990	
	MEAL/BEVERAGE	膳食費	$170	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,511	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$446	
				$6,147
12-09-17	LABORATORY	化驗費	$1,876	
	MEAL/BEVERAGE	膳食費	$26	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,046	
	OXYGEN/ MEDICAL GASES	氧氣/醫療氣體費	$252	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$752	
				$5,982
13-09-17	MEAL/BEVERAGE	膳食費	$29	
	MEDICINE/INJECTION	藥費/藥物注射費	$527	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$132	
				$1,718

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 13-Sep-2017 10:56:20

編號 NO: AC2017109897

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	TOTAL HOSPITAL CHARGES	醫院費合共		$85,895
	GRAND TOTAL	總額		$85,895
	TOTAL BALANCE DUE	應繳金額總數		$85,895

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 14-Sep-2017

CHEQUE $85,895

Total: $85,895

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收 費 單
STATEMENT OF ACCOUNT

日期 DATE: 16-Sep-2017 10:49:47

編號 NO: AC2017111447

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
13-09-17	EXTRA BED	加床位費	$280	
	MEAL/BEVERAGE	膳食費	$33	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,054	
				$1,367
14-09-17	LABORATORY	化驗費	$2,756	
	MEAL/BEVERAGE	膳食費	$33	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,345	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$1,300	
				$6,464
15-09-17	LABORATORY	化驗費	$240	
	MEAL/BEVERAGE	膳食費	$29	
	MEDICINE/INJECTION	藥費/藥物注射費	$28	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$88	
				$1,415
16-09-17	MEAL/BEVERAGE	膳食費	$24	
	MEDICINE/INJECTION	藥費/藥物注射費	$650	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$194	
				$1,898
	TOTAL HOSPITAL CHARGES	醫院費合共		$11,144
	GRAND TOTAL	總額		$11,144
	TOTAL BALANCE DUE	應繳金額總數		$11,144

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 18-Sep-2017

CHEQUE $11,144

Total: $11,144

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 19-Sep-2017 10:10:43

編號 NO: AC2017112555

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
16-09-17	COMPUTED TOMOGRAPHY	電腦掃描	$11,300	
	LABORATORY	化驗費	$2,436	
	MEAL/BEVERAGE	膳食費	$35	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,526	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$44	
				$15,341
17-09-17	LABORATORY	化驗費	$510	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,337	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$112	
				$2,989
18-09-17	ECHOCARDIOGRAM/ULTRASOUND	超聲波心臟檢查/超聲波	$3,570	
	LABORATORY	化驗費	$4,002	
	MEAL/BEVERAGE	膳食費	$53	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,289	
	PLAIN X-RAY	普通X光	$592	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$338	
				$10,874
19-09-17	MEAL/BEVERAGE	膳食費	$13	
	MEDICINE/INJECTION	藥費/藥物注射費	$881	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$100	
				$2,024
	TOTAL HOSPITAL CHARGES	醫院費合共		$31,228
	GRAND TOTAL	總額		$31,228

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收 費 單
STATEMENT OF ACCOUNT

日期 DATE: 19-Sep-2017 10:10:43

姓名 NAME: [redacted]

病人號碼 PATIENT NO.: [redacted]

入院日期 ADMISSION DATE: 10-Sep-2017

編號 NO: AC2017112555

性別 SEX: Female

房號 ROOM / BED: M806A

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	TOTAL BALANCE DUE 應繳金額總數		$31,228

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有渴算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 22-Sep-2017
CHEQUE $31,228

Total: $31,228

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 22-Sep-2017 11:13:44

編號 NO: AC2017114085

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
19-09-17	MEAL/BEVERAGE	膳食費	$91	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,118	
				$2,209
20-09-17	LABORATORY	化驗費	$206	
	MEAL/BEVERAGE	膳食費	$97	
	MEDICINE/INJECTION	藥費/藥物注射費	$3,098	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$618	
				$5,049
21-09-17	MEAL/BEVERAGE	膳食費	$139	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,857	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$326	
				$4,352
22-09-17	LABORATORY	化驗費	$800	
	MEAL/BEVERAGE	膳食費	$35	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,886	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$326	
				$4,077
	TOTAL HOSPITAL CHARGES	醫院費合共		$15,687
	GRAND TOTAL	總額		$15,687
	TOTAL BALANCE DUE	應繳金額總數		$15,687

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 24-Sep-2017
CHEQUE $15,687

Total: $15,687

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 26-Sep-2017 18:16:24

編號 NO: AC2017116003

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
22-09-17	LABORATORY	化驗費	$986	
	MEAL/BEVERAGE	膳食費	$82	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,156	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$238	
				$2,462
23-09-17	LABORATORY	化驗費	$2,646	
	MEAL/BEVERAGE	膳食費	$240	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,913	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$326	
				$7,155
24-09-17	MEAL/BEVERAGE	膳食費	$223	
	MEDICINE/INJECTION	藥費/藥物注射費	$2,186	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$468	
				$3,907
25-09-17	COMPUTED TOMOGRAPHY	電腦掃描	$11,300	
	LABORATORY	化驗費	$8,118	
	MEAL/BEVERAGE	膳食費	$106	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,624	
	PHYSIOTHERAPY	物理治療	$240	
	PLAIN X-RAY	普通X光	$296	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$326	
				$23,040
	TOTAL HOSPITAL CHARGES	醫院費合共		$36,564
	GRAND TOTAL	總額		$36,564

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge.

E. & O. E.

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 26-Sep-2017 18:16:24

編號 NO: AC2017116003

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	TOTAL BALANCE DUE 應繳金額總數		$36,564

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 26-Sep-2017

CHEQUE $36,564

Total: $36,564

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 28-Sep-2017 14:27:09

編號 NO: AC2017116929

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
25-09-17	LABORATORY	化驗費	$796	
	MEAL/BEVERAGE	膳食費	$64	
	MEDICINE/INJECTION	藥費/藥物注射費	$8,597	
				$9,457
26-09-17	LABORATORY	化驗費	$6,090	
	MEAL/BEVERAGE	膳食費	$124	
	MEDICINE/INJECTION	藥費/藥物注射費	$11,760	
	OXYGEN/ MEDICAL GASES	氧氣/醫療氣體費	$54	
	PLAIN X-RAY	普通X光	$716	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$2,408	
				$22,182
27-09-17	MEAL/BEVERAGE	膳食費	$133	
	MEDICINE/INJECTION	藥費/藥物注射費	$4,638	
	OXYGEN/ MEDICAL GASES	氧氣/醫療氣體費	$198	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$210	
				$6,209
28-09-17	MEAL/BEVERAGE	膳食費	$37	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,435	
	PLAIN X-RAY	普通X光	$550	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$502	
				$3,554
	TOTAL HOSPITAL CHARGES	醫院費合共		$41,402
	GRAND TOTAL	總額		$41,402

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 28-Sep-2017 14:27:09

編號 NO: AC2017116929

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	TOTAL BALANCE DUE 應繳金額總數		$41,402

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有渴算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 30-Sep-2017

CHEQUE $41,402

Total: $41,402

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

頁 PAGE: 1 of 1

日期 DATE: 06-Oct-2017 15:37:46

編號 NO: AC2017119903

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB TOTAL (HK$)
03-10-17	LABORATORY	化驗費	$180	
	MEDICINE/INJECTION	藥費/藥物注射費	$8,243	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$298	
				$8,721
04-10-17	MEAL/BEVERAGE	膳食費	$195	
	MEDICINE/INJECTION	藥費/藥物注射費	$3,064	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$492	
				$4,781
05-10-17	MEAL/BEVERAGE	膳食費	$85	
	MEDICINE/INJECTION	藥費/藥物注射費	$9,962	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$370	
				$11,447
06-10-17	LABORATORY	化驗費	$6,572	
	MEAL/BEVERAGE	膳食費	$37	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,435	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$132	
				$9,206
	TOTAL HOSPITAL CHARGES	醫院費合共		$34,155
	GRAND TOTAL	總額		$34,155
	TOTAL BALANCE DUE	應繳金額總數		$34,155

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 06-Oct-2017
CHEQUE $34,155

Total: $34,155

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收 費 單
STATEMENT OF ACCOUNT

日期 DATE: 03-Oct-2017 12:49:52

編號 NO: AC2017118868

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
28-09-17	MEAL/BEVERAGE	膳食費	$37	
	MEDICINE/INJECTION	藥費/藥物注射費	$10,032	
				$10,069
29-09-17	LABORATORY	化驗費	$6,081	
	MEAL/BEVERAGE	膳食費	$35	
	MEDICINE/INJECTION	藥費/藥物注射費	$11,733	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$624	
				$19,503
30-09-17	MEAL/BEVERAGE	膳食費	$11	
	MEDICINE/INJECTION	藥費/藥物注射費	$5,651	
	PLAIN X-RAY	普通X光	$550	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$740	
				$7,982
01-10-17	MEAL/BEVERAGE	膳食費	$46	
	MEDICINE/INJECTION	藥費/藥物注射費	$15,468	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$624	
				$17,168
02-10-17	LABORATORY	化驗費	$2,174	
	MEAL/BEVERAGE	膳食費	$11	
	MEDICINE/INJECTION	藥費/藥物注射費	$5,143	
	PLAIN X-RAY	普通X光	$396	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$1,476	
				$10,230
03-10-17	HISTOPATHOLOGICAL EXAMINATION	病理化驗	$440	
	MEAL/BEVERAGE	膳食費	$25	

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
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6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收 費 單
STATEMENT OF ACCOUNT

日期 DATE: 03-Oct-2017 12:49:52

編號 NO: AC2017118868

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	MEDICINE/INJECTION	藥費/藥物注射費	$1,842	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$88	
				$3,425
	TOTAL HOSPITAL CHARGES	醫院費合共		$68,377
	GRAND TOTAL	總額		$68,377
	TOTAL BALANCE DUE	應繳金額總數		$68,377

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
2. 門診賬單須於診症後繳付。
3. 蓋上院印之賬單，若其支票亦已過戶，方可作有效收據。
4. 院方不再另發收據。
5. 本院保留向逾期賬目收取附加利息的權利。
6. 出院賬單如有漏算，醫院保留追討權利。

N. B.
1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
2. Out-Patient account must be settled after consultation.
3. Receipt is only valid when cheque is cleared and hospital chop is imprinted.
4. No other official receipt will be issued.
5. The Hospital reserves the right to impose surcharge on the overdue accounts.
6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 06-Oct-2017

CHEQUE $68,377

Total: $68,377

ST. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

頁 PAGE: 1 of 1

日期 DATE: 09-Oct-2017 12:43:23

編號 NO: AC2017120816

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE:

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
06-10-17	MEDICINE/INJECTION	藥費/藥物注射費	$1,657	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$238	
				$1,895
07-10-17	MEAL/BEVERAGE	膳食費	$37	
	MEDICINE/INJECTION	藥費/藥物注射費	$9,678	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$492	
				$11,237
08-10-17	MEAL/BEVERAGE	膳食費	$132	
	MEDICINE/INJECTION	藥費/藥物注射費	$9,886	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$492	
				$11,540
09-10-17	MEAL/BEVERAGE	膳食費	$35	
	MEDICINE/INJECTION	藥費/藥物注射費	$1,435	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$132	
				$2,632
	TOTAL HOSPITAL CHARGES	醫院費合共		$27,304
	GRAND TOTAL	總額		$27,304
	TOTAL BALANCE DUE	應繳金額總數		$27,304

摘錄:-
1. 住院賬單須於發出後二十四小時內清付，按金會在出院時扣除，出院時須清付餘賬。
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4. 院方不再另發收據。
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Payment Date: 10-Oct-2017
MASTERC $27,304
Total: $27,304



聖德肋撒醫院
ST. TERESA'S HOSPITAL

香港九龍太子道327號
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
TEL.: 2200 3434
Website: www.sth.org.hk

頁 PAGE: 1 of 2

日期 DATE: 11-Oct-2017 14:37:43

編號 NO: AC2017121769

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE: 11-Oct-2017

收費單 STATEMENT OF ACCOUNT

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
09-10-17	MEDICINE/INJECTION	藥費/藥物注射費	$1,629	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$238	
				$1,867
10-10-17	LABORATORY	化驗費	$2,802	
	MEAL/BEVERAGE	膳食費	$112	
	MEDICINE/INJECTION	藥費/藥物注射費	$3,036	
	PLAIN X-RAY	普通X光	$296	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$476	
				$7,752
11-10-17	MEAL/BEVERAGE	膳食費	$35	
	MEDICINE/INJECTION	藥費/藥物注射費	$14,194	
	BED/ROOM CHARGE	病床/病房收費	$1,030	
	TREATMENT/ASSOCIATE MATERIALS	治療及有關物料費	$238	
				$15,497
	TOTAL HOSPITAL CHARGES	醫院費合共		$25,116
12-09-17	2609 DR. SEE CHUNG PAK (a) 施璁伯			
	Special Visit	特診費	$4,000	
				$4,000
10-10-17	5287 DR. YU PAK CHUNG (e) 余伯忠			
	Anaesthetic	麻醉費	$28,000	
				$28,000
11-10-17	4555 DR. TSANG KAY YAN (a) 曾祈殷			
	Special Visit	特診費	$38,500	
	5266 DR. MA KWOK KUEN (c) 馬國權			
	Special Visit	特診費	$112,000	
	Operation	手術費	$80,000	
	Others	其他	$27,000	

摘錄:-
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Website: www.sth.org.hk

收費單
STATEMENT OF ACCOUNT

日期 DATE: 11-Oct-2017 14:37:43

編號 NO: AC2017121769

姓名 NAME: [redacted]

性別 SEX: Female

病人號碼 PATIENT NO.: [redacted]

房號 ROOM / BED: M806A

入院日期 ADMISSION DATE: 10-Sep-2017

出院日期 DISCHARGE DATE: 11-Oct-2017

日期 DATE	項目 PARTICULARS		金額 AMOUNT (HK$)	總金額 SUB-TOTAL (HK$)
	5267 DR. YAN CHUN TING (g) 甄振庭			
	Ward Round Fee	巡房費	$112,000	
	Others	其他	$16,500	
				$386,000
	TOTAL DOCTOR FEE(S)	醫生費合共		$418,000
	GRAND TOTAL	總額		$443,116
	TOTAL BALANCE DUE	應繳金額總數		$443,116

摘錄:-
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6. The Hospital reserves the right to subsequently bill any undercharge. E. & O. E.

Payment Date: 11-Oct-2017

MASTERC $443,116

Total: $443,116

S.T. TERESA'S HOSPITAL RECEIVED PAYMENT WITH THANKS 聖德肋撒醫院

ST. TERESA'S HOSPITAL

醫院編
Hospital
醫生姓
Doctor'
病者姓
Patient

HN2017069270W
[redacted]
[redacted]
[redacted]
Dr. YAN CHUN TING (g)
甄振庭醫生 (5267)

Ward :M8A / 806A

Sex : F
Age : 27Yr11M (11)
Class : SP
10-09-2017 09:51:59
PN20060105119

IZ 5679

日期 Date 12/9/17

診
Professional service rendered, from ..... to .....

Per Visit	每次診金		$
Special Visit	特 診	Gynaecological Consultation	$ 4,000
Operation	手 術		$
Delivery	接 生		$
Anaesthetic	麻 醉		$
Others	其 他		$

Bill No. ..... Signature ..... Total $ 4,000

SEE CHUNG PAK 2609

Patient Copy

ST. TERESA'S HOSPITAL

醫院編號 HN2017069270W
Hospital [redacted]
醫生姓名 [redacted]
Doctor's [redacted]
病者姓名 Dr. YAN CHUN TING (g)
Patient 甄振庭醫生 (5267)

Ward : M8A / 806A

Sex : F
Age : 27Yr11M (11)
Class : SP
10-09-2017 09:51:59
PN20060105119

IZ 5679

日期 Date 12/9/17

診金由 至
Professional service rendered, from ..... to .....

Per Visit	每次診金	$
Special Visit	特診	Gynaecological Consultation $ 4000
Operation	手術	$
Delivery	接生	$
Anaesthetic	麻醉	$
Others	其他	$

Bill No. ..... Signature ..... Total $ 4,000

SCK CHUNG PAK 2609

Patient Copy

醫院編號 Hospital No. HN2017069270W 醫生編號 Dr. Code 5287
醫生姓名 Doctor's Name YU PAK CHUNG
病者姓名 Patient's Name [redacted] 房號 Room M8A/8-6A 日期 Date 10/9/17

IU 6403

診金由 至
Professional service rendered, from ..... to .....

Per Visit	每次診金	$
Special Visit	特診	$
Operation	手術	$
Delivery	接生	$
Anaesthetic	麻醉	GA laparoscopic appendicectomy $ 8000
Others	其他	$

Bill No. 5287 Signature ..... Total $ 8000

Patient Copy

ST. TERESA'S HOSPITAL

HN2017069270W
[redacted]
HKID [redacted]
Dr. YAN CHUN TING (g)
甄振庭醫生 (5267)

Ward : M8A / 806A
Sex : F
Age : 27Yr11M (11)
Class : SP
10-09-2017 09:51:59
PN20060105119

4555

IZ 5618

房號 Room
日期 Date 11/10/2017

診金由 Professional service rendered, from 24/9/2017 至 to 11/10/2017
(except 8/10 - 9/10/2017)

Per Visit 每次診金		$
Special Visit 特診	Infectious Disease Specialist Consultation	$
Operation 手術		$
Delivery 接生	($3500/Day x 11)	$
Anaesthetic 麻醉		$
Others 其他		$
Bill No.	Signature	Total $ 38,500 XX

DR. TSANG KAY YAN, JOSEPH
MB,ChB (CUHK), MRCP (UK), PDipID (HK)
FHKCP, FHKAM (Medicine)
FRCPS (Glasg), FRCP (Edin)
Rm. 927, 9/F, Office Tower One, Grand Plaza,
639 Nathan Rd, Mongkok, Kowloon. Tel : 27161515

4555

Patient Copy

醫院編號 Hospital No.
醫生編號 Dr. Code 5267
IZ 5614

醫生姓名 Doctor's Name Yan Chun Ting
病者姓名 Patient's Name [redacted]
房號 Room M8A / 806A
日期 Date 11/10/17

診金由 Professional service rendered, from 10/10/17 至 to 11/10/17

Per Visit 每次診金	3500	$ 112000
Special Visit 特診		$
Operation 手術		$
Delivery 接生		$
Anaesthetic 麻醉		$
Others 其他	Echocardiogram (3500), chest drain insertion (11000) aft stitches (2000)	$ 16500
Bill No.	Signature	Total $ 128500

Patient Copy

~~HN 2070692700~~

醫院編號 Hospital No. ..... 醫生編號 Dr. Code 5266 (consorzio) IZ 5535

醫生姓名 Doctor's Name Ma Kuok Kuen

病者姓名 Patient's Name [redacted] 房號 Room M8A1806A 日期 Date 11/10/2017

診金由 Professional service rendered, from ..... 至 to .....

Per Visit	每次診金		$
Special Visit	特診	Specialist Consultation (surgery) 10/9/2017 - 11/10/2017	$ #3500/day ×32 = 112000
Operation	手術	Laparoscopic appendicectomy 10/9/2017	$ 80000
Delivery	接生		$
Anaesthetic	麻醉	Shift Drain & reanchoring 12/9/17	$ 2000
Others	其他	Off drain & suturing 14/9/17	$ 2000
		Dressing (19/9/2017 - 11/10/2017)	$ 1000 × 23 = 23000

Bill No. ..... Signature ..... Total $ 219,000

Patient Copy

