AIA

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	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
B998496221	Li Wai Ping	G5376563XXXX
Area Code 區域編號	**Agency / Broker Name 營業員組別 / 經紀名稱**	**Agent / Broker Code 營業員號碼 / 經紀號碼**
8Y	C-A-LL	H1690
Agency Code 營業員組別編號	**Agent / TR's Name 營業員 / 業務代表姓名**	**Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話**
C-A-LL 8489	Ho Kar Lee	63837307

O1002166

TR Membership Number 業務代表會員號碼 ☐ IA ☐☐☐☐☐☐ ☐ ANG ☐☐☐☐☐☐☐

Benefits to Claim 索償類別

- ☐ Accident Medical Reimbursement 意外醫療費用賠償
- ☑ Medical Reimbursement 醫療費用賠償
- ☐ Accident / Weekly Indemnity 意外 / 每週賠償
- ☐ Hospital Income / Benefit 住院入息 / 惠益
- ☐ Maternity Benefit 分娩惠益
- ☐ Voluntary Group Assurance 自選團體保障

Remarks: Please take the appropriate box; otherwise we will apply this claim to all of your eligible benefits.
註: 請選擇適用者，否則我們將會把是次索償申請應用於您的所有同類保障。

EXPRESS CLAIMS SERVICE 特快理賠服務

Please mark a "X" in the box if you request to have your claim be processed by "Express Claims Service" which provides payment for medical claim which requires investigation. You hereby acknowledge that certain terms and conditions (as amended from time to time) shall apply in choosing the "Express Claims Service" and agree to be bound by all the undertakings imposed on you by accepting the payment; you also understand that AIA has not waived any of its rights in the Policy by making the claim payment to you. For details of the Terms and Conditions, please visit AIA Customer Corner at www.aia.com.hk.

☐ 如欲就此索償申請「特快理賠服務」，請於空格內劃上「X」號。此服務為需進行調查的醫療申請先作出賠償安排。您於此表示清楚明白某些條款及細則（如不時修訂的）將適用於此「特快理賠服務」，並同意由接受賠償金起接受有關約束；亦明白友邦保險並沒有因為是次賠償放棄於保單內的任何權利。有關條款及細則，請登入www.aia.com.hk之友邦客戶專頁。

Have you received claim payment from AIA group insurance or other insurance for this treatments / receipts submitted? ☑ No 沒有 ☐ Yes 有
您就是次治 療 /醫療收據是否已獲取友邦團體 保險或其他保險賠償？
If yes, please provide the below information and submit relevant insurance company / organization's settlement advice.
如是，請提供下列資料及遞交有關保險公司 / 機構的賠償金額通知書。

Name of insurance company / organization: 保險公司 / 機構名稱：

Policy No. / Membership No.: 保單 / 會員編號：

If the insured or the policyholder is holding both AIA International Limited and AIA Everest Life Company Limited policies, the claims (including registration of FPS / e-BankIn services) will be processed together. In addition, the "Declaration and Authorization" and "Personal Information Collection and Use" in the claim form will be also applicable to AIA International Limited and AIA Everest Life Company Limited.

若受保人或保單持有人同時持有友邦保險(國際)有限公司及友邦雋峰人壽有限公司之保單，相關賠償（包括登記「轉數快」或「電子入賬服務」）將會一併處理。此外，賠償表格內之「聲明及授權」及「個人資料收集及使用」亦同時適用於友邦保險(國際)有限公司及友邦雋峰人壽有限公司。

☐ If you do not agree on the above arrangement, please mark "✓" in the box. 如果您不同意上述安排，請於空格內劃上「✓」號。

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。

☐ If you do not agree on the above arrangement, please mark "✓" in the box. 如果您不同意上述安排，請於空格內劃上「✓」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

Policy Number 保單號碼 B9984961

Complete this section if application for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單 :

☐ Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。

☐ Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Please take the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有香港保單。

Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口，轉入之金額將不超過公司所定的上限。

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 請選擇**「轉數快」或「電子入賬服務」其中一項**以轉入以上保單號碼所支付之保單利益。

☐ **a. FPS* 轉數快*** (Applicable to HKD payment only 只適用於港幣付款)

Please select **either ONE** of the "Proxy ID"# below by putting a tick on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以剔號選擇下列**其中一種**「識別代號」#及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

☐ Email 電郵地址：

☐ FPS Identifier 「轉數快」識別號碼：

☐ Mobile Number 手機號碼： ( ) 64096421

Country Code 國際電話區號 | Telephone No 手機號碼

* **"FPS Service"** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.
「**快速支付系統服務（轉數快）**」指我們不時向您提供的服務，以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

"Proxy ID" means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.
「**識別代號**」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料，包括您的手機號碼，電郵地址或「轉數快」識別號碼。

☐ **b. e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號 | Branch No. 分行編號 | My Account No. 本人之賬戶號碼

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)
銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名（必須與上述保單持有人相同）

Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單 :

☐ Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。

☐ Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單：

Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。

☐ **e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name in Macau 澳門銀行之名稱

My Account No. 本人之賬戶號碼

Account Currency 賬戶貨幣 ☐ HKD 港幣 ☐ MOP 澳門幣

Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)
銀行存摺 / 月結單上所紀錄之戶口持有人姓名（必須與上述保單持有人相同）

Declaration & Authorization 聲明及授權

By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be bound by the terms and conditions as set out on AIA Corporate Website (www.aia.com.hk). 藉使用「轉數快」或「電子入賬服務」，本人 / 我們確認本人 / 我們已經閱讀AIA公司網頁內(www.aia.com.hk)列明之條款及條件，並同意受此約束。

Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes.
唯有未登記使用「轉數快」或「電子入賬服務」，我們將根據以下於空格內劃上「X」號的支付賠償方法。

☐ Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金戶口」。
「現金儲備金戶口」的使用受其使用條款規範。（僅適用於抵港抵澳內地人士業務保單）

☐ Paid by Cheque in policy currency (not applicable for FPS / e-BankIn customers) 以保單貨幣支票支付 (不適用於「轉數快」或「電子入賬服務」之客戶)

☐ Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶)

(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 AIA 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友邦保險酌情所提供之服務。

(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 AIA on the basis of AIA'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友邦保險內部貨幣兌換率而釐定。

OTHER INFORMATION 其他資料

Policy Number 保單號碼 [13][7][2][8][6][9][6][2][2][1]

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 本人 / 我們茲授權：

(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. 任何知悉或擁有本人 / 我們 / 被保人之工作、病假紀錄、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紀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) 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. 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、愛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、尼古丁及其代產品之含量等化驗。

(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.
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 個人資料收集及使用

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.

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。

李惠萍 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)	李惠萍 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: Li Wai Ping	Name 姓名: Li Wai Ping
ID Card / Passport Number 身份證 / 護照號碼 / Date 日期	ID Card / Passport Number 身份證 / 護照號碼 / Date 日期
Relationship with the Insured 與受保人關係	Signature of Witness 見證人簽署 Name 姓名 / Date 日期

Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！

Policy Number 保單號碼 [illegible]

PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

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.

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I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

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)	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	Name 姓名
ID Card / Passport Number 身份證 / 護照號碼 Date 日期	ID Card / Passport Number 身份證 / 護照號碼 Date 日期
Relationship with the Insured 與受保人關係	Signature of Witness 見證人簽署 Name 姓名 Date 日期

Policy Number 保單號碼 B97846227

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）

Symptom as charted, surgery done, medication given, stable, follow up 1 week

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

12. Had the patient taken any home leave during the hospital confinement? ☒ No 沒有 ☐ Yes 有
病人有沒有於住院期間請假外出？
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。

13. Was the patient referred by another doctor? ☒ No 不是 ☐ Yes 是
病人是不是經其他醫生轉介？
Name and address of the referral doctor 轉介醫生的姓名和地址：

14. If the patient is suffering from cancer, please complete the below information. ☐ Yes 有 ☒ No 沒有
病人患上癌症，請填寫以下資料：
(a) Treatment details of the patient is: 病人的治療詳情為：
- ☐ Radiotherapy 放射性治療 Name / Frequency 放射性名稱次數:
- ☐ Chemotherapy 化學治療 Name / Frequency 藥物名稱 / 次數:
- ☐ Targeted Therapy 標靶藥物治療 Name / Details 藥物名稱 / 詳情:
- ☐ Immunotherapy 免疫治療 Name / Frequency 藥物名稱 / 次數:
- ☐ Others 其他

(b) Any Cancer Genomics test done by the patient? 病人有否接受癌症基因檢測?
- ☐ ACT Genomics 行動基因
- ☐ FoundationOne 全方位癌症基因檢測
- ☐ Others 其他

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

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

Nil

(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。

Dr Ting Kong Ling, Steven 丁江陵醫生
Specialist in General Surgery 外科專科醫生
MB ChB(CUHK), FRCSEd(Gen), FCSHK, FHKAM(Surg)
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尖沙咀廣東道5號海港城海洋中心15樓1526-29室
Tel 電話: 2992 0230 Fax 傳真: 3586 3895

Dr Ting Kong Ling, Steven

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

Signature (with chop) 簽名（連印鑑）

Suite 1526-29, Ocean centre, TST, KLN
Tel=29920230

Address and Telephone No. 地址及電話

12/01 Jan 2024

Date 日期

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天恒外科 Nova Surgery

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Nova Surgery
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Tel: 2992 0230 Fax: 3586 3895

Official Receipt

Transaction Code : RC23122900034
Date: 2023-12-29
Doctor : Dr. Ting Kong Ling, Steven
Patient Code : 041449
Patient Name : 李惠萍 LI WAI PING

Qty.	Items	Amount
1	Operative theater fee	$1,750.00
1	Pathology - specimen	$1,300.00
1	Surgeon fee - Excision	$8,000.00
1	Medication	$150.00
	Total :	$11,200.00
	Paid :	$11,200.00
	Balance :	$0.00

Diagnosis:
Right inner thigh sebaceous cyst



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Dr. Ting Kong Ling, Steven
丁江陵醫生

Pathology@PBH

Testing Laboratory :
Histopathology Laboratory, 4/F, Precious Blood Hospital (Caritas),
113 Castle Peak Road, Shamshuipo, Kowloon, Hong Kong
Tel : (852) 2523 1156 / 3971 8978 Fax : (852) 3996 8445
Pathologist-In-Charge: Dr. Wai-Kuen Ng 吳偉權 醫生 MBBS(HK), FRCPA, FHKCPath, FHKAM(Pathology)

PATIENT NAME		DATE RECEIVED	PATHOLOGY NO.
LI WAI PING 李惠萍		30/12/2023	**B23-32824**
I.D. NO.	SEX	AGE	
G537656(3)	F	65 Y	
HOSPITAL	HOSPITAL / CLINIC NO.	WARD / CLASS	PREVIOUS PATH. NO.
	041449		

UNDER CARE OF	DR. TING KONG LING STEVEN
DOCTOR'S ADDRESS	Suite 1526 - 1529, 15/F, Ocean Centre, 5 Canton Road, Harbour City, TST, Kowloon.
CLINICAL SUMMARY & PROCEDURE	Right thigh sebaceous cyst. Excision done for histology.
FROZEN SECTION DIAGNOSIS	---
PATHOLOGICAL DIAGNOSIS	Right thigh skin mass 右大腿皮膚腫塊 (excision 切除術) - Epidermal cyst 表皮樣囊腫 - No evidence of malignancy 沒有惡性病變 - Cyst wall complete excision 囊腫完全切除

Macroscopic Examination:

Specimen labelled as "right thigh sebaceous cyst". Received in formalin is a piece of greyish white cystic skin mass measuring 5.2 x 3.5 x 3.4 cm in size and attaching to an ellipse of skin which measures 1.1 x 0.4 cm in area (Figure 1). Section shows membranous cyst wall and greyish cyst content (Figure 2). There is no intracystic nor intramural solid tumoral proliferation. One tissue block.

Microscopic Examination:

Section reveals a benign cyst in dermis lined by mature looking squamous epithelium with granular layer and laminated keratinization (Figure 3). There is no cyst rupture reaction nor significant inflammation. No epithelial dysplasia nor evidence of infiltrative lesions is found. The changes are those of an epidermal cyst. The remaining dermal tissue and epidermis appears unremarkable. There is no evidence of malignancy.

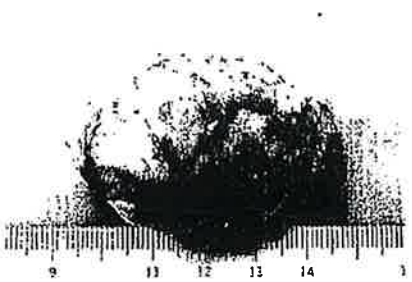

Figure 1

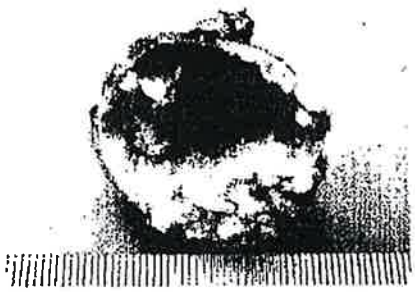

Figure 2

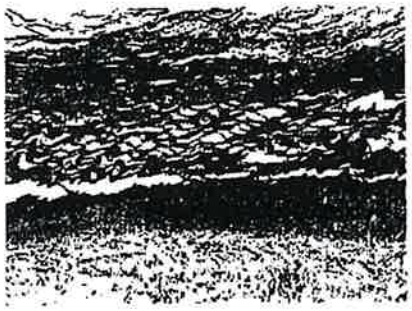

Figure 3

Date reported. 03/01/2024
Date printed . 03/01/2024

Signed: _____
Dr. Siu-Kin Tang 鄧肇堅 醫生
MBChB, FHKCPath, FHKAM(Pathology)
Specialist in Pathology