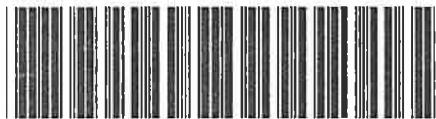




Bupa Clinical Claim Submission Record



Voucher No.: 56729936

Submission Date and Time: 08/07/2025 10:00:47 PM

Member Info

0812550 - 02333200

Membership No.:	
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Patient Info

Cheng Wai Yi Alice

Name of Patient	
Date of Birth (DD/MM/YYYY)	04/12/1989

Declaration and Authorisation

I hereby declare that the above information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa (Asia) Limited. A copy of this authorisation shall be considered as effective and valid as the original. I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa (Asia) Limited to accept or process the claim.

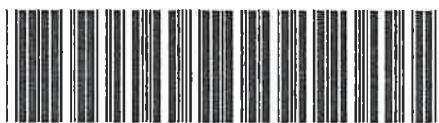
本人謹此聲明，以上所填報之一切資料，均屬真確無訛。本人並且授權任何為本人/會員觀察或治療的醫生、醫院、診所，或持有本人及/或會員健康或任何資料之保險公司或機構將本人及/或會員之全部資料(包括病歷)呈交予保柏(亞洲)有限公司。本授權書之副本與正本具有同等效力。本人明白，如本人及/或會員未能就本賠償申請表所需提供足夠資料，可能會導致保柏(亞洲)有限公司不能接受或處理本賠償申請。

Cheng Wai Yi Alice

Name:
HKID: Y0817
Signed on 08/07/2025



Bupa Clinical Claim Submission Record



Voucher No.: 56729936

Submission Date and Time: 08/07/2025 10:00:47 PM

Member Info

08172550 - 02333200

Membership No.:	
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Patient Info

Cheng Wai Yi Alice

Name of Patient:	
Day Time Contact No.:	64038104
Date of Birth (DD/MM/YYYY):	04/12/1989
Email Address:	waiyi1234@gmail.com
Is this visit in a public clinic / hospital under Hospital Authority:	No
Doctor:	010639 - Chiu Chi Chung
Diagnosis:	692 - Contact dermatitis, Eczema

Receipt No.	Date of Treatment (DD/MM/YYYY)	Nature of reimbursement	Amount	First symptom date (DD/MM/YYYY)
1	14/06/2025	C062 - Acupuncture treatment	HKD 500.00	13/06/2025

	Receipt 1
Pre-authorization confirmation:	No
Pre-authorization no.	/
Pre/ post-hospitalisation follow up visit?	No
Date of hospitalization (DD/MM/YYYY - DD/MM/YYYY):	/
Have you filed this claim with any other insurers before?	No
Name of other insurer:	/
Policy no./Membership no. of other insurer:	/
Did you file this claim with Bupa before	No
Voucher no.	/
Would like a 2nd claim in other Bupa contract?	No
Bupa Membership no.	/
Is the diagnostic imaging or laboratory test done in laboratory centre?	No

Declaration and Authorisation

I hereby declare that the above information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa (Asia) Limited. A copy of this authorisation shall be considered as effective and valid as the original. I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa (Asia) Limited to accept or process the claim.

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Cheng Wai Yi Alice

Name: 
HKID: Y0817
Signed on 08/07/2025

協和中醫綜合診所

Hip Wo Chinese Medicine Acupuncture Therapy Clinic

九龍油麻地彌敦道518-520號彌敦行5字樓AB室(油麻地D出入口) (DR.Chiu Chi Chung Reg. No. 0055579)
Flat A & B, 5/F, Nathan Tower, 518-520 Nathan Road, Yau Ma Tei, Kowloon Tel: 2341 0728 / 2388 7893

14 JUN 2025

RECEIPT 收據

Date

茲收至

Received from

交來港幣
the sum of Hong Kong Dollars

鄭惠儀

該款係付
in payment of

診費
Consu.

藥費
Med.

針灸
Acupu.

跌打
Boneset.

敷藥
Herbal.

衝擊波
Physio.

其他
Others

診斷
Diagnosis

皮膚

HK\$ 100-

Authorized Signature

