

# Bupa Hospital & Day Surgery Claim Form 保柏住院及日症手術賠償申請表

For hospitalisation and day case surgeries 住院治療、醫院及日症中心手術

Excluding Bupa Safe Critical Illness Insurance Scheme 保柏危疾全額保計劃除外



47113977

Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正

## Part I - To be Completed by Patient or Parent / Legal Guardian if Patient is below 18 years of age 第一部分 - 由病人填寫。如病人未滿18歲，須由家長/合法監護人填寫

Membership No. of Patient 病人會員編號 (16 digits 位 MANDATORY 必須提供)

Name of Employer (for group contract only) 僱主名稱 (只適用於團體合約)

0123456789010203040506070809101112

W.O.O L.V.E.T. MERCHANDISING ASIA LD

Name of Subscriber / Employee (Surname followed by Given name, please leave a space between words) 投保人 / 僱員姓名 (先填姓氏，再寫名，每組字後請留一空格)

Wong Ting

Name of Patient (If other than Subscriber / Employee) (Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人或僱員)(先填姓氏，再寫名，每組字後請留一空格)

Wong Ting

Occupation (For Bupa Hospital Cash scheme only)

職業 (只適用於保柏住院現金保障計劃)

Date of Hospitalisation / Day Case Surgery: From

住院 / 日症手術日期

By

DD 日

MM 月

YY 年

To

DD 日

MM 月

YY 年

20

09

25

Mobile Number

流動電話號碼

92200300

### If hospitalisation was due to illness 若因疾病而住院

1. Describe symptoms leading to hospitalisation

請列出因何不適導致是次入院

Date when symptoms appeared

症狀出現日期

DD 日 MM 月 YY 年

2. Past medical consultation history - Name & address of

過往就診紀錄 - 有關醫生的姓名及地址:

a. Doctor who recommended this hospitalisation

建議是次入院的醫生

First consultation date 初診日期

DD 日 MM 月 YY 年

b. Other attending doctor 其他主診醫生

First consultation date 初診日期

DD 日 MM 月 YY 年

c. Usual medical doctor 慣常就診醫生

First consultation date 初診日期

DD 日 MM 月 YY 年

### If hospitalisation was due to accident 若因意外而住院

a. Please provide details of the accident 請提供意外詳情

Date

日期

DD 日

MM 月

YY 年

Time

時間

Place

地點

b. How did it happen? 意外如何發生?

c. Injured area, type and severity of injury 受傷部位、類別及傷勢

d. Has the accident been reported to police? 意外是否已報警?

☐ Yes 是 (please provide a copy of the police report 請提供有關檔案副本一份)

☐ No 否

3 a. Have you filed this claim with another Bupa contract or any other insurer / organisation? (if yes, please specify below)

您是否已透過保柏其他合約或其他保險公司 / 組織提出索償? (如是，請列明如下)

☒ Yes 是

☐ No 否

Name of Insurer

保險公司名稱:

AXA

Policy / Membership No.

保單 / 會員編號:

b. Will you be filing this claim with another Bupa contract or any other insurer / organisation? (If yes, please specify below)

您是否將透過保柏其他合約或其他保險公司 / 組織提出索償? (如是，請列明如下)

☐ Yes 是

☐ No 否

Name of Insurer

保險公司名稱:

Policy / Membership No.

保單 / 會員編號:

### Declaration and Authorisation 聲明及授權書

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，均屬真實無訛。本人並授權任何為本人/或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填提供足夠資料，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。

### Personal Information Collection Statement 個人資料收集聲明

I have read and understood the Personal Information Collection Statement on the last page of this form. I understand that I have the right to request Bupa (Asia) Limited to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa (Asia) Limited's Data Protection Officer or calling the Customer Care helpdesk. 本人已細閱並明白本表格最後一頁的個人資料收集聲明，並明白本人有權致函保柏(亞洲)有限公司的保障資料主任或致電客戶服務專線，以要求保柏(亞洲)有限公司停止將本人/會員的個人資料作直接市場推廣用途。

(MANDATORY 必須簽署)

X

Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age)

病人簽署 / 家長或合法監護人簽署(適用於十八歲以下之病人)

X

Name (in BLOCK letters)

姓名(請以正楷英文書寫)

Wong Ting

X

Signed on

簽署之日期

DD 日

MM 月

YY 年

01

10

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Health Card No. / Passport no. 健康卡編號 / 護照號碼

7500872(0)

Remarks: before sending in this form, please read below Claims Submission Guidelines to expedite the process of your claim reimbursement. 備註: 為加快處理您的索償申請，請於交回此賠償申請表前，先細閱以下之賠償申請指引。

### Claims Submission Guidelines 提交賠償申請指引

Please tick against the below items submitted with this claim form. Please note that no reimbursement of claims shall be made for (1) Claims submitted after 90 days from the date of discharge / treatment, (2) Claims with missing / insufficient information.

請於提交賠償申請表時於下列項目加上✓號。請注意根據以下情況，賠償申請將不獲辦理 - (1) 賠償申請表於治療日90天後遞交，(2) 所需資料不足。

#### Document List 文件清單

- ☒ Claim form Part I (completed by patient) 申請表第一部分 (由病人填寫)
- ☒ Claim form Part II (completed by doctor) 申請表第二部分 (由主診醫生填寫)
- ☒ Original receipts 正本收據
- ☒ Certified true copy of receipts (if original kept by other insurer) and/or claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及/或賠償結算通知書
- ☐ Hospital Authority discharge summary / discharge slip with diagnosis, if any 醫院管理局發出的出院摘要 / 診斷結果出院紙 (如有)
- ☒ Copies of all lab test/medical reports (for Cancer case, please provide all cancer related investigation reports, e.g. blood test reports, histopathological reports or molecular test reports, etc.) 化驗 / 檢驗報告副本 (對於癌症疾病，請提供所有與癌症相關的化驗報告，例如：血液檢查，組織病理學或分子檢查報告等)
- ☐ Pre-authorisation confirmation letter (if any) No. 初步保障審核確認信 (如有) 編號: \_\_\_\_\_

#### Reminder on common missing information 通常遺漏的資料

- ☒ Membership number 會員編號
- ☒ Patient signature on Claim form Part I 病人於申請表第一部份簽署
- ☒ Doctor has filled in Claim form Part II 醫生已填妥的申請表第二部分
- ☒ Doctor signature and chop on Claim form Part II 醫生簽署及蓋印於申請表第二部分

Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned. 要求退回收據的核實副本。保柏將保留收據正本。

☐ Yes 是

☐ No 否

## ST. TERESA'S HOSPITAL

## Part II - To be Completed by Surgeon / Attending Physician 第

HN20250426083

Name of Patient  
病人姓名

Admission Date 入院日期

## A. Clinical History 門診病歷

1. Patient's main symptoms / complaints during the first consultative

left breast lumps &amp; LI-2H lesion

2. Date of first consultation for this main symptoms / complaints  
病人首次就此主要病徵或申訴的首次求診日期17 9 25  
DD 日 MM 月 YY 年3. Patient suffered from the above symptoms / complaints for  
病人於首次求診前上述的主要病徵或申訴已存在

time 9/9/2025

days / weeks / months / years prior to the first consultation  
日 / 週 / 月 / 年

## B. Hospitalisation History 住院病歷

1. Date of medical procedure / treatment / diagnostic tests  
接受手術 / 治療 / 診斷掃描日期20 9 25  
DD 日 MM 月 YY 年

2. Operation / procedure(s) performed 手術名稱

left breast mastectomy + sentinel lymph node biopsy  
under GA

CPT code 目前使用醫療服務術語代碼

3. Final diagnosis 最終診斷

left breast cancer

ICD code 國際疾病分類代碼

Was the condition due to or associated with the following 上述情況是否因以下問題所致？

<input type="checkbox"/> Accidental bodily injury 身體意外受傷	<input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精	<input type="checkbox"/> AIDS / HIV related illness, Venereal disease or Sexually Transmitted Disease 後天免疫力缺乏症(愛滋病) / 與人類免疫力缺陷病毒(HIV)、性病或因性接觸感染之疾病
<input type="checkbox"/> Pregnancy, infertility or sterilisation 懷孕、不育或絕育	<input type="checkbox"/> Eyesight / Eye refraction 視力矯正 / 不正常	<input type="checkbox"/> Self-inflicted injury 蓄意自傷身體
<input type="checkbox"/> Mental illness 精神病	<input type="checkbox"/> Treatment for cosmetic purpose 美容治療	<input checked="" type="checkbox"/> NONE OF THE ABOVE 以上全部不是
<input type="checkbox"/> Developmental Condition 發育異常 / <input type="checkbox"/> Congenital Condition 先天性症狀 / <input type="checkbox"/> Hereditary Condition 遺傳性疾病		
<input type="checkbox"/> General check-up or vaccination 一般身體檢查或防疫注射		

4. (a) Please provide details of the hospitalisation and treatment that the patient underwent. 請提供是次住院及相關治療詳情。

Treatment 治療

Investigation 檢驗

Diagnostic tests 診斷掃描

(b) Please provide details of the period of hospitalisation including reasons for number of days as in-patient. 請提供是次持續留院的日數及其原因。

GA surgery.

5. (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 they 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？

If "No", please give details. 如否，請詳述之。

☒ Yes 是☐ No 否

(b) Could the surgery only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行？

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。

☒ Yes 是☐ No 否

(c) Please indicate the clinical risk(s) and medical reason(s) for hospitalisation. 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：

**Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫**

B. 5. (c) Expected higher risk at operation 預期較高手術風險

Please specify 請明確說明:

Expected higher post-operative risk 預期較高手術後風險  
Please specify 請明確說明:

6. If the patient has consulted another physician during this hospitalisation, please provide the following 如病人於住院期間曾向另一位醫生求診，請提供以下資料:

Name of Physician 醫生姓名	Reason 原因	Treatment performed 治療詳情
/		

7. Any other relevant clinical information in this case? 如是次住院尚有其他臨床治療資料，請提供。

Others 其他		
If it is related to Cardiac Stent or Chemotherapy Regimen, please provide the following details. 如關於心臟支架或化療方案，請提供下列詳情。		
Cardiac Stent 心臟支架	(a) Please provide the brand and model of the stent(s) that was/were used in the operation. 請提供手術所用支架的品牌名稱及型號。	
	(b) What are the clinical benefits for using this specific type(s) of stent for this patient? 請闡述使用此種支架對病人的臨床效益。	
	(c) Any other factors that indicate the use of this stent type(s) over others in this case? 於是次病例中，有否其他原因顯示必須使用此種支架而不考慮用其他支架？	
Chemotherapy Regimen 化療方案	(a) Please provide the TNM (tumor-node-metastasis) staging of the current episode and any metastasis site(s) / relevant recurrent disease, if applicable. 請提供現階段腫瘤、淋巴結及轉移分期 (TNM Staging) 期數，以及轉移部位或相關復發性疾，如適用。	
	(b) Is this curative or palliative? 目的是屬於治療性質還是緩解性質？ <input type="checkbox"/> Curative 治療性質 <input type="checkbox"/> Palliative 緩解性質	
	(c) Is this the first course/cycle of treatment? 這是否首次治療 / 首個療程？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
	If No, any previous treatment course and reason for change? 如否，以前曾有過何種治療？為何需要改變療法？	
(d) Any special considerations for using this treatment regimen in this patient? I.e. specific genetic markers, rare cancer, failed first line therapy, etc? 對這病人使用此治療方案，有何特別考慮因素？即如特定遺傳標記、罕見癌症、首選治療方案失敗等。		

8. Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出？

If "Yes", please state the date, time and reason 如有，請列明外出之日期、時間及原因：

☐ Yes 有 ☒ No 沒有

9. Is it an emergency case? 這是否緊急個案？

If "Yes", please specify 如是，請明確說明：

☐ Yes 是 ☒ No 否

10. Brief discharge summary 出院摘要

Follow up for wound care. in clinic.

**Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫**

B. 11. Has the patient ever had the same or similar symptoms(s) before? 病人曾否患有同類病況?

☐ Yes 有

☒ No 無

If "Yes", what is the date of onset if known? 如有, 何時為病發日期?

DD 日 MM 月 YY 年

12. Had the patient been previously treated or hospitalised for this or any other disorders? 病人過去曾否就此疾病或其他病症而需接受診治或入院接受治療?

Please provide details if known. 如知悉, 請提供詳情。

Dates 日期	Disease/Disorder/Complaint 疾病/失調/申訴	Details of treatment/hospitalisation 治療/住院的詳情	Name of doctor/hospital 西醫姓名/醫院名稱

(Please use any separate paper with the doctor's signature on it if more space is needed. 若需另頁填寫, 每張紙都須有醫生的簽名作實)

C. Others 其他

1. Are you the patient's treating doctor? 閣下是否病人的主診醫生?

☒ Yes 是

☐ No 否

If "No" please provide the referring doctor's contact details. 如否, 請提供轉介醫生資料。

Name of Doctor 醫生姓名	Telephone No. 聯絡電話	Address 地址

Dr. Ma Kwok Kuen 馬國權醫生

Treating doctor's particulars 主診醫生資料

Name of Doctor 醫生姓名

Telephone No. 聯絡電話

Email Address 電郵地址

Specialist in General Surgery

Honorary Clinical Assistant Professor, Department of Surgery, HKU

MBBS, MRCS (Edin), FRCS (Edin), FCSHK, FHKAM (Surgery)

Room 1705, 17/F, Office Tower One, Grand Plaza

639 Nathan Road, Kowloon

TEL 27711896 FAX: 27710398

Signature and Chop of treating doctor 主診醫生簽署及蓋章

X

Date 日期: 19.9.25  
DD 日 MM 月 YY 年

Authorised Signature and Chop of Hospital 醫院授權簽署及蓋章

X

Date 日期: DD 日 MM 月 YY 年



Send the completed form & supporting documents to

填妥之賠償申請表及相關文件請交回:

Bupa (Asia) Limited - Claims Dept.  
保柏(亞洲)有限公司 - 理賠部收

6/F, Tower 2, The Quayside, 77 Hoi Bun Road,  
Kwun Tong, Kowloon, Hong Kong  
香港九龍觀塘海濱道77號海濱匯第2座6樓

Submit and track your claim status through myBupa  
透過 myBupa 於網上提交你的索償及查詢賠償進度

Visit 登入 <https://mybupa.bupa.com.hk>  
or scan the QR code for free download 或掃描上區QR碼免費下載



Customer Care helpdesk

客戶服務專線:

Bupa Members 保柏會員

Individual Scheme 個人計劃 (852) 2517 5333

Group Scheme 團體計劃 (852) 2517 5388

Bupa Gold 保柏尊貴寶 (852) 2517 5383



Hang Seng Bupa Members 恒生保柏會員

Group Scheme 團體計劃 (852) 2517 5988

Essential/MyBasic VHIS

臻逸/保柏自願醫保 (852) 2517 5588

Excel/Excel Plus/Global Supreme/Global Prestige VHIS

臻尚/臻悅/臻卓/環球優越自願醫保計劃 (852) 2517 5688

## Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy;
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member;
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:
  - processing, assessing and determining any Applications for insurance products and services;
  - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
  - provision and design of products and services of the Company;
  - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
  - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:
  - the Company's group companies ("Group Company");
  - any insurance, adjusters, agents and brokers;
  - any re-insurance companies authorised by the Company;
  - employers (for members of corporate policy only);
  - healthcare professionals and hospitals;
  - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors;
  - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
  - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
  - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
  - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:
  - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
  - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer

6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特此通知閣下以下事項:

- 在閣下或受保閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用);
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時;
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:
  - 處理、評估、決定任何保險產品及服務之申請;
  - 為閣下或會員提供保險產品及服務及處理閣下或會員不期提出的要求,包括但不限於要求增加、更改、扣除、維持及管理保障項目或受保會員;
  - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是與閣下或此申請而簽發之保單及相關的任何申索或索償)、處理、評估、決定、解決或回應索償索償;
  - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維護網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
  - 提供及統計本公司的產品及服務;
  - 行使本公司所擁有之會員權利和服務時有關的權利,例如閣下閣下欠下的任何貸款的查詢,及向閣下或任何已為閣下的債務提供任何擔保或承索的人士,追收和收回拖欠的任何款項;
  - 確保在保單聲明中所述的用途閣下或會員(或與代保會員的閣下)聯絡;
  - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及之轉讓、出讓、參與或次參與的業務進行評估;及
  - 為遵守任何法律之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規則、實務守則或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外的資料承讓人轉移或將個人資料作(4)及(6)段列出的用途:
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司接獲的保險代理人、代理及經紀;
  - 任何由本公司接獲的再保險公司;
  - 保主(只適用於團體保險之會員);
  - 醫療專業人員及醫院;
  - 任何代理人、承包商,或向本公司提供行政、電腦、電話、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務之第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、電腦網絡、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指定的其他人士)、為保險業務簽發申索及承保資料之組織、警察、供保險業界用作分析及核對所獲資料與現有資料的資料庫及經紀(及其運營商)、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;
  - 為遵守任何法律之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規則、實務守則或指引,而作出披露,包括但不限於遵用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必須向其披露的人士或機構。
- 本公司只會按閣下同意或表示反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資料(包括以電郵、手機短訊或即時通訊):
  - 保險、醫療、保健、健康、個人發展、美容、生活消費、旅遊、財務及其相關的服務及產品;
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
  - 慈善或公益/或非牟利用途的捐款及撥款。本公司亦不會在沒有閣下的同意及於閣下向閣下之個人資料向第三方透露,用作他們的市場推廣用途。為避免有誤,本聲明下是否同意接收以上第六點所述的市場推廣資料,本公司仍然可能就閣下保險相關的行政、保單及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:
  - 要求本公司或受保閣下或會員的個人資料及查詢該等個人資料;
  - 要求本公司或受保閣下或會員的不準確的個人資料;
  - 查詢本公司對於資料的處理及處理方法和報告如本公司持有的個人資料查詢;及
  - 要求本公司停止閣下的個人資料作直接市場推廣用途。有關要求請親臨本公司保險資料主任,地址如下:  
香港九龍觀塘海濱道77號海濱匯2座6樓  
保柏(亞洲)有限公司 保險資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查詢或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務熱線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

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## 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

PAGE 1 of 2

編號

NO. AC2025081356

性別

SEX Female

房號

ROOM / BED N385C

出院日期

DISCHARGE DATE: 22-Sep-2025

日期: 22-Sep-2025 11:22:45

姓名

NAME

病人號碼

PATIENT NO.

入院日期

ADMISSION DATE: 20-Sep-2025

## STATEMENT OF ACCOUNT

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HK\$)	總金額 SUB-TOTAL (HK\$)
20-09-25	HISTOPATHOLOGICAL EXAMINATION 病理化驗	\$13,480	
	MEAL/BEVERAGE 膳食費	\$170	
	MEDICINE AND DISPENSING / INJECTION 藥物及調配費/注射費	\$459	
	Nuclear Medicine 同位素掃描	\$5,300	
	OPERATING THEATRE CHARGE 手術室費	\$9,380	
	OPERATING THEATRE MATERIALS 手術室物料費	\$21,626	
	ADMISSION SERVICE 入院服務	\$230	
	BED/ROOM CHARGE 病床/病房收費	\$730	
			\$51,375
21-09-25	MEAL/BEVERAGE 膳食費	\$390	
	MEDICINE AND DISPENSING / INJECTION 藥物及調配費/注射費	\$1,108	
	BED/ROOM CHARGE 病床/病房收費	\$730	
			\$2,228
22-09-25	MEAL/BEVERAGE 膳食費	\$105	
			\$105
	TOTAL HOSPITAL CHARGES 醫院費合共		\$53,708
20-09-25	4433 DR. LEE CHIN LAP (a) 李前立 Anaesthetic 麻醉費	\$20,000	
			\$20,000
22-09-25	5231 DR. MA KWOK KUEN (a) 馬國權 Ward Round Fee 巡房費	\$5,400	
	Operation 手術費	\$110,000	
			\$115,400
	TOTAL DOCTOR FEE (\$) 醫生費合共		\$135,400
	GRAND TOTAL 總額		\$189,108

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。出院時須清付餘款。  
2. 門診賬單須於診後繳付。  
3. 在本院之賬單，若其支票亦已過期，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之權利。  
6. 出院賬單如有過算，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. T & O.E.

AXA CHINA REGION  
Certified True Copy

Date: 14 OCT 2025

Please refer to the settlement Advice for payment details



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

日期: 22-Sep-2025 11:22:45  
DATE: 22-Sep-2025 11:22:45

姓名: 王施  
NAME: WONG TING (0001)

病人號碼: HN20250426083  
PATIENT NO.: HN20250426083

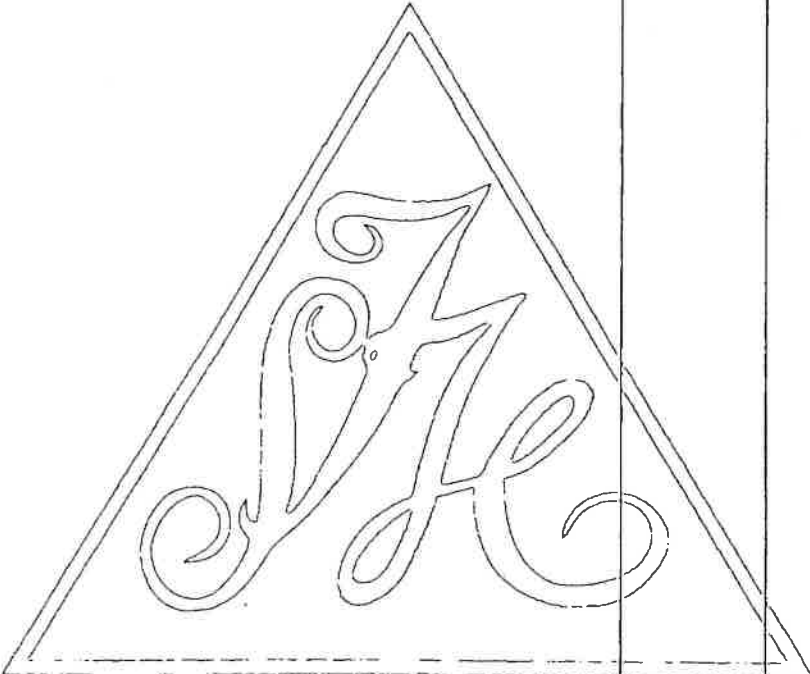
入院日期: 20-Sep-2025  
ADMISSION DATE: 20-Sep-2025

編號: AC2025081356  
NO.: AC2025081356

性別: Female  
SEX: Female

房號: N385C  
ROOM / BED: N385C

出院日期: 22-Sep-2025  
DISCHARGE DATE: 22-Sep-2025

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HKS)	總金額 SUB-TOTAL (HKS)
	TOTAL BALANCE DUE 應繳金額總數		\$189,108
			
AXA CHINA REGION Certified True Copy Date: 14 OCT 2025 Please refer to the settlement Advice for payment details			

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。出院時須清付餘款。  
2. 門診賬單須於發出後清付。  
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. 出院賬單如有西藥，醫院保留追討權利。  
N. B.  
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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.

Payment Date: 22-Sep-2025  
MasterC \$19,108  
VISA \$170,000  
Total \$189,108

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



Hong Kong Breast Cancer And Disease Centre  
香港乳癌及乳病治療中心

Tel 電話 :27711896 Fax 傳真 :27710398

Room 1705, 17/F, Office Tower One, Grand Plaza, 639 Nathan Road, Mong Kok,  
Kowloon

地址：九龍旺角彌敦道639號雅蘭中心一期17樓1705室

Receipt 收據

Healthcare Professional 醫護專業人員：Dr Ma Kwok Kuen

Medical Record No 醫療記錄編號：25000727

Date 日期：15-Sep-2025

Wong Ting 王庭

Patient Name 病人姓名：~~XXXXXXXXXX~~ (XXXXXX)

Reference No. 參考號碼：BI2500005321

Bill Items 帳單項目/付款項目	Standard(\$) 標準收費	Discount/Premium 折讓/溢價	Charges 收費
Follow up consultation (覆診)	\$ 1300.00	0% Discount	\$ 1300.00
Preoperative checking - CBC, RFT, CXR, ECG (HKbreast) (手 術前檢查 - 血常規, 腎功能, 肺部 X光, 心電圖)	\$ 1500.00	0% Discount	\$ 1500.00

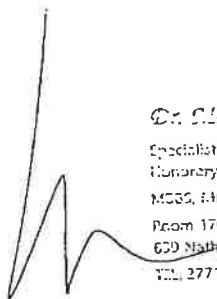
Total 收費總額：\$ 2800.00

Payment Method 付款方式	Paid At 付款日期	Amount 金額	Remarks 備註
MasterCard (信用咭)	15-Sep-2025	\$ 2800.00	Debbie

Total payment 總付款：\$ 2800.00

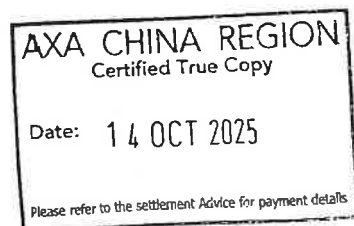
Diagnosis 診斷：

- Cancer of breast - female, left



Dr. Ma Kwok Kuen 馬國權醫生

Specialist in General Surgery  
Honorary Clinical Assistant Professor, Department of Surgery, HKU  
MRCS, FRCS (Edin), FRCS (Edin), FCSHK, FHKAM (Surgery)  
Room 1705, 17/F, Office Tower One, Grand Plaza  
639 Nathan Road, Kowloon  
TEL: 27711896 FAX: 27710398



Hong Kong Breast Cancer And Disease Centre  
香港乳癌及乳病治療中心

Tel 電話 :27711896 Fax 傳真 :27710398

Room 1705, 17/F, Office Tower One, Grand Plaza, 639 Nathan Road, Mong Kok,  
Kowloon

地址: 九龍旺角彌敦道639號雅蘭中心一期17樓1705室

Receipt 收據

Healthcare Professional 醫護專業人員: Dr Ma Kwok Kuen

Medical Record No 醫療記錄編號: 25000727

Date 日期: 29-Sep-2025

Wong Ting 王庭

Patient Name 病人姓名: ~~YEUNG, Pui Ping (楊佩英)~~

Reference No. 參考號碼: BI2500005630

Bill Items 帳單項目/付款項目	Standard(\$) 標準收費	Discount/Premium 折讓/溢價	Charges 收費
Follow up consultation (覆診)	\$ 1300.00	0% Discount	\$ 1300.00
Wound care (aspiration of seroma) (傷口護理(抽積液))	\$ 600.00	0% Discount	\$ 600.00
Total 收費總額:			\$ 1900.00

Payment Method 付款方式	Paid At 付款日期	Amount 金額	Remarks 備註
VISA (信用咭)	29-Sep-2025	\$ 1900.00	Debbie
Total payment 總付款:		\$ 1900.00	

Diagnosis 診斷:

- Cancer of breast - female, left

  
Dr. Ma Kwok Kuen 馬國權 醫生  
Specialist in General Surgery  
Honorary Clinical Assistant Professor, Department of Surgery, HKL  
FRCGS, MRCS (Edin), FRCS (Edin), FRCR, FRCR (Surg), FRCR (Surg)  
Room 1705, 17/F, Office Tower One, Grand Plaza  
639 Nathan Road, Kowloon  
TEL: 27711896 FAX: 27710398





**HISTOPATHOLOGY REPORT**  
**ST. TERESA'S HOSPITAL**  
**聖德肋撒醫院**  
**HISTOPATHOLOGY LABORATORY**  
**組織病理化驗室**

MR-HI-060-07/09  
**ST. TERESA'S HOSPITAL**  
327 Prince Edward Rd., Kowloon.  
九龍太子道327號聖德肋撒醫院化驗室  
Tel: 2711 2120 / 2200 3111  
Fax: 2761 1798

Dr. Kan Chi Hang	簡志恒醫生	Dr. Fung Shing Hoi	馮成海醫生
Dr. Pang Chun Yin	彭俊賢醫生	Dr. Shum Ka Shing	岑家成醫生
Dr. Shea Ka Ho	余家浩醫生	Dr. Ng Kwan Shing	吳均誠醫生
Dr. Lo Chun Hai	盧晉熙醫生		



"B25318692"

**Path No. :** B25/31869

**Record status :** N

**Date collected:** 20/09/2025

**Date received:** 20/09/2025

**Patient's Name :**

~~XXXXXXXXXX~~ Wong Ting 王庭

**ID# :** ~~XXXXXXXXXX~~ Y500872(6)

**Hospital / Lab no.:** HN20250426083

**Room:** N3W **Bed:** 385C **Sex:** F **Age:** 46Yr **DOB:** 17/10/1978

**Under the service of :** MA KWOK KUEN (a), DR (5231)

**Clinical History :** Left breast cancer at 2 o'clock.

**Surgical procedure :** Left SLN biopsy for frozen section and left mastectomy for histology and hormonal study.

**Nature of specimen :** 1) Left sentinel lymph node. Follow-up specimen: 2) Left breast (short: 12 o'clock, long: 3 o'clock, loop: 6 o'clock).

**DIAGNOSIS:** 1&2) Left breast, Mastectomy and sentinel lymph node biopsies

主要病理診斷:

- Invasive ductal carcinoma, grade 1, in a background of extensive ductal carcinoma in-situ.

- Size of invasive focus: 1.1 cm.

- No skin invasion.

- No lymphovascular invasion.

- No perineural invasion.

- Deep margin clear.

- No sentinel lymph node metastasis (0/1).

(see description)

左邊乳房，乳房切除術及前哨淋巴結活組織檢查

- 浸潤性導管癌

- 請參看下文

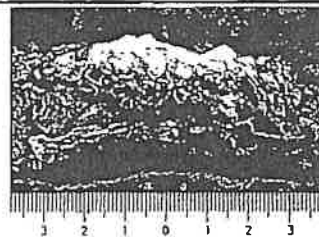


Figure 1

**MACROSCOPIC EXAMINATION:**

(LCH, ec)

1) Left SLN. Received is a piece of tan fibrofatty tissue measuring 3.5 cm x 0.7 cm x 0.5 cm. Sectioning shows 1 lymph node measuring 2.5 cm x 0.7 cm x 0.5 cm. It is trisected and embedded in 1 cassette, 3 tissue blocks.

(LCH, mw)

2) left mastectomy. Received is a simple mastectomy specimen measuring 14 cm from 3-9 o'clock, 16.6 cm from 12-6 o'clock and 4.4 cm from anterior to posterior. The ellipse of skin on the anterior surface measures 8 cm from 3-9 o'clock and 4.5 cm from 12-6 o'clock. Nipple measures 1.4 x 1.3 x 1.1 cm. No skin ulcer or skin nodule is identified. Deep margin consist of a piece of skeletal muscle, and is inked blue. Sectioning of the breast shows a tan irregular nodular area spanning from 2 o'clock to 6 o'clock 1-2 cm from nipple. This area measures 4.5 x 3.4 x 2.2 cm. It measures more than 1 cm from deep margin and overlying skin. (A) Nipple, multiple tissue blocks. (B) Skin and deep margin at 2 o'clock, 2 tissue blocks. (C) to (F), (H) to (K), (M) to (O) All embedded nodular area, multiple tissue blocks ((C) & (D) 1 slab, (E) & (F) 1 slab, (H) & (I) 1 slab and (J) & (K) 1 slab)). (G) Deep margin and skin at 6 o'clock, 2 tissue blocks. (L) Sampling from inner upper quadrant, inner lower quadrant and outer lower quadrant, 3 tissue blocks. Figure 1 shows cut surface of nodular area.



Path. No.: B25/31869

Patient's name: ~~XXXXXXXXXX~~

STH - Histopathology

ID#: ~~XXXXXXXXXX~~ Y5008/210

Wong Ting 王庭

**MICROSCOPIC EXAMINATION:**

**Frozen section diagnosis:** Negative (0/1). (LCH, ec)

1) Paraffin sections confirm the frozen section diagnosis. 1 lymph node is found. It is negative for malignancy. Immunostaining for AE1/AE3 does not reveal any micrometastasis or isolated tumour cells.

2) The all embedded nodular area shows extensive intermediate grade and high grade ductal carcinoma in-situ (DCIS), featuring expanded ducts filled with neoplastic epithelial cells forming solid, papillary or cribriform pattern. The neoplastic cells contain moderately to markedly enlarged pleomorphic hyperchromatic nuclei and prominent nucleoli. The layer of myoepithelial cells is preserved, as highlighted by p63 immunostaining. Comedo necrosis is present. A focus of invasion is noted, featuring irregular cords and nests of cohesive tumour cells with some tubules formation. The tumour cells contain moderately pleomorphic nuclei and prominent nucleoli with a mitotic count of 4 per 10 high power fields (22 mm eyepiece). The Modified Bloom and Richardson score is 5 (grade 1). The layer of myoepithelial cells is absent, as confirmed by p63 immunostaining. There is no skin invasion. There is no lymphovascular invasion. There is no perineural invasion. The size of invasive focus measures 1.1 cm, while the whole tumour (including DCIS) measures 2.3 cm. The tumour shows no invasion into the underlying skeletal muscle, and the deep margin is clear. The nipple shows no Paget's disease.

The surrounding breast tissue shows intraductal papillomas, columnar cell hyperplasia, apocrine metaplasia, usual ductal hyperplasia and fibroadenomatoid hyperplasia.

Breast cancer marker study will be performed. A supplementary report will follow.

Approved signatory: 

Date of report: 23/09/2025



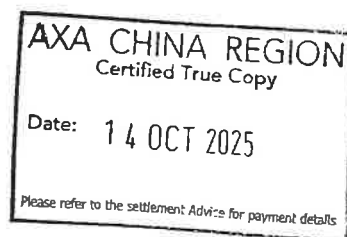
\*B25/318692\*

Dr. Lo Chun Hai 盧晉熙醫生

MBChB (CUHK), FRCPA, FHKCPATH, FHKAM (Pathology)

Hong Kong Accreditation Service (HKAS) has accredited the St. Teresa's Hospital - Histopathology Laboratory (Reg. No. HOKLAS 811P) under Hong Kong Laboratory Accreditation Scheme (HOKLAS) for performing specific examinations and, in some cases, for providing clinical interpretation as listed in its scope of accreditation. The examinations are conducted in accordance with the terms of accreditation for St. Teresa's Hospital - Histopathology Laboratory. Report should not be reproduced except in full.

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<p><b>AXA CHINA REGION</b>  Certified True Copy</p> <p>Date: 14 OCT 2025</p> <p><small>Please refer to the settlement Advice for payment details</small></p>
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Screening	Action
<input type="checkbox"/> Postop follow up as scheduled	<input checked="" type="checkbox"/> Screened
<input checked="" type="checkbox"/> Benign, follow up as scheduled	<input type="checkbox"/> Phoned
<input type="checkbox"/> Probably benign imaging finding	<input type="checkbox"/> E-mail
FU <input type="checkbox"/> MMG <input type="checkbox"/> USG <input type="checkbox"/> MRI _____ #12	<input type="checkbox"/> Whatsapp
<input type="checkbox"/> Suggest <input type="checkbox"/> Operation <input type="checkbox"/> VAB <input type="checkbox"/> Core biopsy	by <u>KT</u>
<input type="checkbox"/> Malignant <input type="checkbox"/> PET scan <input type="checkbox"/> Cancer marker	25 SEP 2025
<input type="checkbox"/> Others: _____	at <u>4:30 PM</u>
Doctor sign: _____	
Date: <u>25 SEP 2025</u>	



**HISTOPATHOLOGY REPORT**  
**ST. TERESA'S HOSPITAL**  
聖德肋撒醫院  
**HISTOPATHOLOGY LABORATORY**  
組織病理化驗室

MR-HI-060-07/09  
ST. TERESA'S HOSPITAL  
327 Prince Edward R.d., Kowloon.  
九龍太子道327號聖德肋撒醫院化驗室  
Tel: 2711 2120 / 2200 3111  
Fax: 2761 1798

Dr. Kan Chi Hang 簡志恒醫生 Dr. Fung Shing Hoi 馮成海醫生  
Dr. Pang Chun Yin 彭俊賢醫生 Dr. Shum Ka Shing 岑家成醫生  
Dr. Shea Ka Ho 余家浩醫生 Dr. Ng Kwan Shing 吳均誠醫生  
Dr. Lo Chun Hai 盧晉熙醫生



\*B25318693\*

**Path No. :** B25/31869

**Record status :** N

**Date collected:** 20/09/2025

**2nd report**

**Date received:** 20/09/2025

**Patient's Name :** ~~YIP TING TING~~ Wong Ting 王庭

**ID# :** ~~K1500872~~ Y500872(0)

**Hospital / Lab no.:** HN20250426083

**Room:** N3W **Bed:** 385C **Sex:** F **Age:** 46Yr **DOB:** 17/10/1978

**Under the service of :** MA KWOK KUEN (a), DR. (5231)

**Clinical History :** Left breast cancer at 2 o'clock.

**Surgical procedure :** Left SLN biopsy for frozen section and left mastectomy for histology and hormonal study.

**Nature of specimen :** 1) Left sentinel lymph node. Follow-up specimen: 2) Left breast (short: 12 o'clock, long: 3 o'clock, loop: 6 o'clock).

**DIAGNOSIS:**

1&2) Left breast, Mastectomy and sentinel lymph node biopsies

主要病理診斷:

- Invasive ductal carcinoma, grade 1, in a background of extensive ductal carcinoma in-situ.
  - Size of invasive focus: 1.1 cm.
  - No skin invasion.
  - No lymphovascular invasion.
  - No perineural invasion.
  - Deep margin clear.
  - No sentinel lymph node metastasis (0/1).
  - Oestrogen receptor: positive.
  - Progesterone receptor: positive.
  - HER2 immunohistochemistry: 1+ (IHC HER2 low).
  - Ki-67 proliferative activity 30%.
- 左邊乳房, 乳房切除術及前哨淋巴結活組織檢查  
- 浸潤性導管癌



Wong Ting 王庭

Y500872(0)

Patient's name : ~~XXXXXXXXXX~~

ID# : ~~XXXXXXXXXX~~

**BREAST CANCER MARKER STUDY:**

PARAFFIN BLOCK FOR TESTING: B25/31869-2C.

**OESTROGEN RECEPTOR:**

100% tumour cells with strong nuclear staining.

H score: 300/300

Allred score: 8/8

INTERPRETATION: POSITIVE.

**PROGESTERONE RECEPTOR:**

20% tumour cells with moderate nuclear staining.

H score: 40/300

Allred score: 5/8

INTERPRETATION: POSITIVE.

Ki-67 proliferative index: 30%. (Please see below remarks 2)

**HER2 (C-erbB2) IMMUNOHISTOCHEMISTRY:**

Antibody clone: VENTANA HER2/neu (4B5) CE

Staining pattern:

30% tumour cells with weak incomplete membrane staining.

Score: 1+

(IHC HER2 LOW)

In-situ hybridization for *HER2* gene (Silver ISH): NOT INDICATED.

**REMARKS:**

1. The oestrogen and progesterone receptors and c-erbB2(HER2) oncoprotein status were evaluated by immunohistochemistry and interpreted in compliance with 2020 ASCO/CAP guidelines for hormonal receptors (J Clin Oncol 2020 Apr 20;38(12):1346-1366. doi: 10.1200/JCO.19.02309) and 2018 guidelines for *HER2* (c-erbB2) testing (J Clin Oncol 36:2105-2122, 2018). Unless otherwise stated, assessment is done on the invasive component only.

2. Please note that there is no universal guidelines for categorization of Ki-67 proliferative index for breast cancer in the literature, in addition to the potential lack of reproducibility. A threshold of 14% or 15% has been proposed for helping to discriminate between cases likely to correlate with the more aggressive luminal B molecular subtype (Ki-67 proliferation index  $\geq$  14% or 15%) versus the less aggressive luminal A subtype (Ki-67 proliferation index  $<$  14% or 15%), as mentioned in the WHO Classification of Breast Tumours (5th edition). However, this threshold has not been validated for the purpose of predicting response to chemotherapy. Panel-based gene expression assays that are largely proliferation-driven, such as the 21-gene recurrence score have been validated for this purpose in ER-positive cancers. The IHC4 immunohistochemistry-based assay of four markers (ER, PR, HER2, Ki-67) with the IHC4 score, had shown to predict residual risk of distant recurrence in patients on adjuvant endocrine therapy in the ATAC trial as robustly as the 21-gene RS (J Clin Oncol, 29:4273-4278, 2011).

3. Patients with breast cancers showing HER2 (c-erbB2) score 1+ and 2+ (with negative in-situ hybridization for *HER2* gene amplification), currently categorized as HER2 negative, are now known as "HER2-low cancers (IHC HER2 low)". Tumours with faint/barely visible incomplete membrane staining which is  $\leq$ 10% of tumour cells, currently scored as score 0 (negative), are now categorized as "HER2 ultralow cancers (IHC HER2 ultralow)" (score 0+). Breast cancers with these staining patterns may be eligible for treatment with trastuzumab-deruxtecan in the metastatic setting (but those with no staining, IHC 0, are currently excluded). Please refer to the "Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast" from the College of American Pathologists, version 1.6.1.0 (June 2025) for details.

Date of report : 26/09/2025



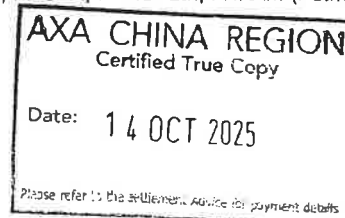
\*B25/318693\*

kn

Approved signatory: 

Dr. Lo Chun Hai 盧晉熙醫生

MBChB (CUHK), FRCPA, FHKCPATH, FHKAM (Pathology)



27/09/2025 11:41:24 (Patient discharged before issue of this report)





PRIVATE &amp; CONFIDENTIAL

UNIT A 8/F BLOCK 1

SCENEWAY GARDEN Tower 2

11-17 SCENEWAY ROAD

LAM TIN KLN

## Hospitalisation Settlement Advice

Dear Valued Customer,

Thank you for choosing AXA, a global leader in insurance and financial services, as your trusted partner.

We wish you well and are pleased to inform you that your application for hospitalization benefit has been approved with the following details:

### Claim Details

Claim No. : 3240773  
Insured Person : ~~XXXXXXXXXX~~ Wong Ting  
Payee's Name : ~~XXXXXXXXXX~~ Wong Ting  
Date of Confinement : 2025/09/20 - 2025/09/22  
Settlement Amount : HKD 62,433.00  
Settlement Method : Autopay - XXX807XXX833 The amount will be credited to your bank account within 4 working days.

If you disagree with the above claim decision, you may submit an appeal to us within 90 days from the date of this notice. Please refer to our website: <http://www.axa.com.hk/en/claims-appeal> for details. If we do not receive your appeal request by this date, we shall consider the claim decision as final.

### Contact Us

We thank you for your continuous support. Being your trusted partner, we are always of service to support you and your family in reaching your goals at different stages of life. If you have any further questions or would like to review your financial protection and wealth management needs, please contact your Financial Consultant or call our Customer Service Hotline at 2802 2812.

Yours faithfully,

Customer Service

AXA China Region Insurance Company (Bermuda) Limited  
(Incorporated in Bermuda with limited liability)

*This is a computer-generated document. No signature is required.*  
c.c. WONG HOI YAN, KINKI 72005-04-056695

Notice Date: 2025/10/14

Policy No. 502-4528688

Insured Name

~~XXXXXXXXXX~~

Wong Ting

Policy Currency  
USD

Your Financial Consultant  
Name  
WONG HOI YAN, KINKI

Code  
72005-04-056695

Contact No.  
21516123

## Settlement Details

Policy No. : 502-4528688

Notice Date : 2025/10/14

Benefit Items	No. of Days Claimed	No. of Days Paid	Amount Claimed	Other Insurance Covered Expense	Amount Paid	Annual Limit Balance	Remark
Room and Board	3	3	2,125.00	0.00	1,705.00	177 day(s)	108
Miscellaneous Charges			42,203.00	0.00	12,960.00	0.00	108
Attending Doctor's Visit Fee	3	3	5,400.00	0.00	2,352.00	177 day(s)	108
Surgeon's Fee (Major)			110,000.00	0.00	26,000.00		108
Anaesthetist's Fee (Major)			20,000.00	0.00	9,100.00		108
Operating Theatre Charges (Major)			9,380.00	0.00	9,100.00		108
Pre-Confinement/Day Case Procedure outpatient care (2025/09/15)	1	1	2,800.00	0.00	608.00	0 day(s)	108
Post-Confinement/Day Case Procedure outpatient care (2025/09/29)	1	1	1,900.00	0.00	608.00	2 day(s)	108
<b>Total</b>		<b>HKD:</b>	<b>193,808.00</b>	<b>0.00</b>	<b>62,433.00</b>		

Special Note

Remarks

108 - Exceed itemized benefit limit(s)



私人密件

## 醫療賠償通知書

親愛的客戶：

多謝選擇AXA安盛作為閣下的理財夥伴；AXA安盛是全球安盛集團成員之一，是提供財富保障及管理服務方面的世界翹楚。

我們祝願閣下一切安好，並特此通知閣下有關上述保單之醫療索償申請已獲批核，詳情如下：

### 賠償資料

理賠編號 : 3240773  
被保人姓名 : ~~YEUNG TING~~ Wong Ting  
收款人姓名 : ~~YEUNG TING~~ Wong Ting  
住院日期 : 2025/09/20 - 2025/09/22  
賠償金額 : 港元 62,433.00  
賠償方法 : 自動轉賬 - XXX807XXX833有關上述賠償，將於四個工作天內存入閣下之銀行賬戶

如您不同意以上賠償決定，您可於此通知書日期起90天內提出上訴。詳情請參閱我們網站：<http://www.axa.com.hk/zh/claims-appeal>。如於此日期前沒有收到您的上訴要求，我們將視此為最終賠償結果。

### 聯絡我們

多謝閣下對AXA安盛一直以來的信賴及支持，我們誠意協助閣下及摯愛家人，實踐不同人生階段的目標。如有任何垂詢或財富保障及管理服務需要，歡迎聯絡閣下之理財顧問或致電客戶服務熱線 2802 2812。

安盛保險(百慕達)有限公司  
(於百慕達註冊成立的有限公司)

客戶服務 謹啟

本函乃電腦編印文件，毋須簽署。

副本抄送：WONG HOI YAN, KINKI 72005-04-056695

通知書日期

2025/10/14

保單號碼

502-4528688

被保人姓名

~~YEUNG TING~~ Wong Ting

保單貨幣

美元

理財顧問資料

姓名

WONG HOI YAN, KINKI

編號

72005-04-056695

聯絡電話

21516123

## 賠償資料

保單編號 : 502-4528688

通知書日期 : 2025/10/14

保障項目	索償日數	賠償日數	索償金額	其他保險 公司已賠償金額	賠償金額	年度索賠 餘額	備註
病房及膳食	3	3	2,125.00	0.00	1,705.00	177 日	108
雜項開支			42,203.00	0.00	12,960.00	0.00	108
主診醫生巡房費	3	3	5,400.00	0.00	2,352.00	177 日	108
手術費 (大型)			110,000.00	0.00	26,000.00		108
麻醉師費 (大型)			20,000.00	0.00	9,100.00		108
手術室費 (大型)			9,380.00	0.00	9,100.00		108
入院前 / 日間手術前後的門 診護理 (2025/09/15)	1	1	2,800.00	0.00	608.00	0 日	108
出院後 / 日間手術前後的門 診護理 (2025/09/29)	1	1	1,900.00	0.00	608.00	2 日	108
合共：		港幣	193,808.00	0.00	62,433.00		

## 特別事項

## 備註

108 - 超過保障項目逐項限額

