

# Value-added Services 增值服務

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# Value-added Services

## 增值服務


- Pre-hospitalisation Claim Assessment  
入院前索償評估服務
- 24-Hour Worldwide Emergency Aid  
24小時全球緊急援助服務
- Blue Cross Nursing Care Hotline  
藍十字護理諮詢專線
- Super Care Website / Blue Cross HK Mobile App  
Super Care 網站 / Blue Cross HK 手機應用程式
- Customer Service  
客戶服務



# Pre-hospitalisation Claim Assessment 入院前評估服務


- ✓ **Pre-assessment of the estimated eligible claim amounts**  
預先評估可賠償金額
- ✓ **Better financial planning**  
財政安排更有預算
- ✓ **Simple and easy application**  
申請手續快捷簡單
- ✓ **Reply within 3 working days**  
3個工作天內回覆客戶

**Pre-hospitalisation Claim Assessment 入院前索償評估表格**  
[https://ap.bluecross.com.hk/shared/forms/PCA\\_Form.pdf](https://ap.bluecross.com.hk/shared/forms/PCA_Form.pdf)



# Blue Cross 藍十字

An AIA Company 安聯保險有限公司



收據及個人資料聲明書  
Personal Information Collection Statement

入院前索償評估表格
Pre-hospitalisation Claim Assessment Form

請以英文或國語填寫此表格。當於保單生效日期後，如獲賠償，請在三個工作天內以傳真或郵寄方式交還此表格至藍十字（中文）服務中心（中文「藍十字」），並附帶人姓名（中文）及住址詳情（藍十字將為此資料）。(英、中) 通知服務部有關填妥此表格及交還之詳情，Please complete this form in B/C/C/A letters and return it to Blue Cross (Mala-Patient), an assurance of the estimated eligible claim amounts under the policy will be provided by Blue Cross.

(I) 保障持有人 / 受保人 (病人) 資料 Details of Policyholder/Insured (Patient)			
由被保人或本人受保人 (病人) 填妥 To be completed by the Policyholder or the Insured (Patient)			
留醫病人姓名 Name of Policyholder	政策號碼 Policy No.	受保人地址 (如適用) Insured N's (if applicable)	
受保人 (病人) 姓名 Name of Insured (Patient)	聯絡電話 Contact telephone No.	請選擇其中一通訊方法 Please select either one for us to reply <input type="checkbox"/> 電郵 Email <input type="checkbox"/> 按家 陸家 <input type="checkbox"/> 傳真 Fax <input type="checkbox"/> 號碼 No.	

(II) 治療詳情及評估 Treatment Details and Assessment	
治療詳情受保人 (病人) 填妥 Treatment Details to be completed by Insured (Patient)	評估藍十字填妥 Assessment to be completed by Blue Cross
診斷 Diagnosis	留醫生效日期 (日 / 月 / 年) Coverage Effective Date (Day / Month / Year)
入院日期 Date of Admission	
醫院名稱 Name of Hospital	原應覆診 Policy Currency 中B/C/S/E
預計入住的病房類別 Intended Level of Accommodation	可容納的病房類別 Entitled Level of Accommodation
<input type="checkbox"/> 私家院 Private <input type="checkbox"/> 半私家院 Semi-private <input type="checkbox"/> 普通病房 Ward <input type="checkbox"/> 急症室 Emergency Room <input type="checkbox"/> 手術室 Operation Theatre <input type="checkbox"/> 產房 Delivery Room	<input type="checkbox"/> 私家院 Private <input type="checkbox"/> 半私家院 Semi-private <input type="checkbox"/> 普通病房 Ward
治療費用 Level of Accommodation	\$ _____ 每日 Per day
手術之行 / 治療 Surgical Procedures / Treatments to be performed	<input checked="" type="checkbox"/> 處方中未列明的手術及治療 - Claim in progress is not reflected in this information. <input type="checkbox"/> 手術費及藥物費另列及另備 (如適用) - Please refer to the Schedule of Benefits and the Surgical Schedule for details (if applicable).
手術名稱 (如適用) Name of Surgery (if applicable)	
1. _____	
2. _____	
估計醫療開支 (如適用) Estimated Medical Expenses (if applicable)	估計可能賠償額 / 估有數額 Estimated Eligible Amount (if Dubitable)
a. 外科手術費用 Surgery's fee HK\$ \$ _____ \$ _____	
b. 藥劑材料費用 Medicament's fee HK\$ \$ _____ \$ _____	
c. 手術室費用 Operation Theatre Charge HK\$ \$ _____ \$ _____	
d. 醫生診治費用 Physician's Hospital Visit HK\$ \$ _____ \$ _____	
e. 輔助設備費用 Miscellaneous Hospital Charges HK\$ \$ _____ \$ _____	
備註 Remarks	病人簽名 Authorized Signature _____ 日期 (日 / 月 / 年) Date (DD/MM/YYYY)

Note: 本表格之所有賠償額之評估及其他與此評估有關之口頭或書面諮詢均經核實後內置於客戶所領回者。只供參考之用。實際賠償金額以最終處理決定為準。

本公司可能根據以上資料及任何有關保證及認賠及不獲賠之事件進行調查。因此此表格僅供提供資料之用。倘以該表格為憑，Assessment of the estimated eligible claim amounts in this form and any other communication in relation to this assessment, whether oral or written, are compared based on Hospital and Surgical Benefits of insurance policy and as solely for customers' reference; actual eligible claim amounts will be subject to the final claim decision. All benefits payable are subject to the terms and conditions and the full list of policy limitations. Should there be any discrepancy between this assessment and the final claim decision, the final claim decision shall prevail.

### (III) 聲明及授權聲明 Declaration and Authorisation

本人 / 我們知悉有關賠償 (以下稱「A」)，我們的估計及估有數額並不構成任何有條件或無條件之保證或承諾。(以下稱「B」)。本人 / 我們已閱讀及明白本表格內的所有條款及細則。**UNWITNESSED DECLARATION AND AGREE:** I / We understand that the insurance or completion of this form does not constitute admission of liability or guarantee payment of the claim on behalf of Blue Cross. (D) I/We have read and understood the Personal Information Collection Statement as accompanied with this form.

留醫病人 / 受保人 (病人) 簽署 (需親筆簽名) (英文) 于第 18 頁上。本表格須由兩項簽署者 (簽名)  
Signature of the Policyholder/Insured (Patient)/Insured (Patient) aged 18, signed on page 18, signature of holder/patient was required) 日期 (日 / 月 / 年)  
Date (DD/MM/YYYY)

注意：此傳真文件作報載資料。只能指定收件人。文件可能載有機密資訊。恕不另指定收件人。請勿轉發、分送、或依該文件內容資料採取任何行動。特此聲明明確。謹此致電敬啟者。  
**NOTICE:** The information contained in this facsimile is intended to be named recipients only. It may contain confidential information and it is not an intended recipient you must not copy, distribute or take any action in reliance on it. If you have received this facsimile in error, please notify Blue Cross immediately.

Blue Cross (Malaysia) Insurance Limited 藍十字 (亞拉) 保險有限公司
MED44043

\*Assessment of the estimated eligible claim amounts is for customers' reference only, actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.  
可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合所有保單條款及細則及所有不保之事項的情況下支付。

# 24-Hour Worldwide Emergency Aid

## 24 小時全球緊急援助服務

When emergency in overseas, please call 24 Hours Service Hotline  
若身處外地而需要緊急支援，可隨時致電「24 小時全球緊急援助服務」熱線

# 852-2263-7303

Emergency Evacuation / Repatriation : FULLY COVERED

醫療緊急運送 / 撤離：全數賠償

Other Services includes 其他服務包括：

- \* Tele-medical Consultation and Evaluation of the Member's Condition 電話醫療諮詢和病情評估
- \* Guarantee of Medical Expenses Incurred During Hospitalization 住院期間醫療開支保證
- \* Compassionate Visit 家屬探望
- \* Return of Minor Children 小童運返
- \* Return of Traveling Companion 陪伴者運返
- \* Transportation for Return of Member to Original Work Site 交通運返會員到原工作地方
- \* Repatriation of Mortal Remains 遺體運送
- \* Pre-trip advice, legal and interpreter referral 出發前提示，法律及傳譯員轉介



# Blue Cross Nursing Care Hotline

## 藍十字護理諮詢專線

We understand you need professional advice on daily care, we are here to provide you with an exclusive nursing care hotline on [2263 7588](tel:22637588) to answer your enquiries. We can also refer you to home care services if you need extra care at the comfort of your own home, including post-surgery care, daily care for elderly, maternity care, infant and child care and referral of other care services.

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢熱線 [2263 7588](tel:22637588) 解答您的疑問。如有需要，我們亦樂意轉介您至合適的家居護理服務，包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理及其他護理服務轉介。

### Service Hours 服務時間

Monday to Friday 星期一至五	9:00am – 5:30pm
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Except Public Holidays 公眾假期除外



# Super Care/Blue Cross HK Mobile App

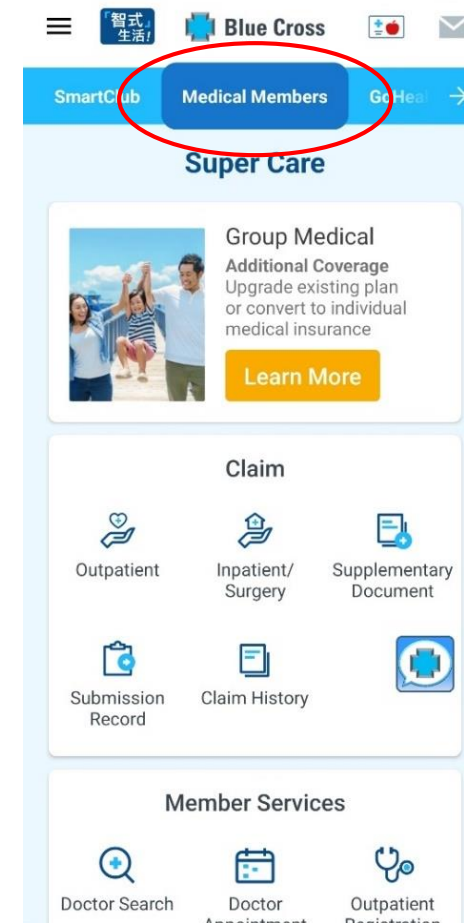
## Super Care/Blue Cross HK手機應用程式

You can access “Super Care” website / “Blue Cross HK” mobile app in the following ways:

您可從以下途徑進入 “Super Care” 醫療保險專頁 or “Blue Cross HK” mobile app :

A) Type address of Super Care in the browser 在瀏覽器直接輸入  
<https://supercare.bluecross.com.hk>

B) Scan below QR code 掃描QR碼

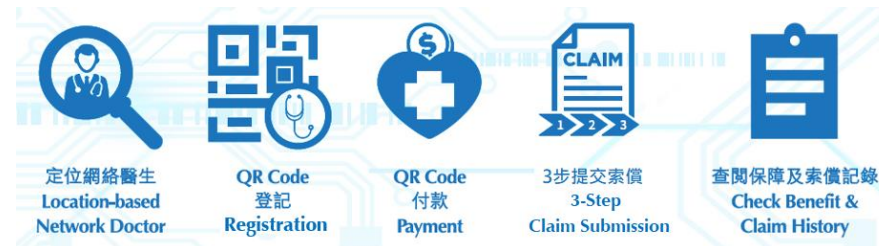


# Super Care/Blue Cross HK Mobile App

## Super Care/Blue Cross HK手機應用程式

With any of your mobile devices, you can manage your policy through “Super Care” website or “Blue Cross HK” mobile app anytime anywhere.

您可以使用任何流動裝置，透過 “Super Care” 醫療保險專頁或 “Blue Cross HK” mobile app 隨時隨地管理您的保單。



Member Login - Main Functions	會員登入 - 主要功能
Check Benefit & Claim History	查閱保障及索償記錄
Download of e-Medical Card	下載電子版醫療卡
Speedy location-based network doctors/clinics search by GPS	利用定位功能快速搜尋附近的網絡醫生 / 診所
Online doctor appointment	預約門診服務
QR code registration & complete consultation	於指定診所以QR Code進行登記及完成診症
Video Consultation Service linked connection	連結視像診症服務
Submit Inpatient, Outpatient / Dental E-claims	網上提交住院、門診或牙科索償
Claim Procedures and Pre-filled Claim Forms Download	下載索償手續及已預載基本資料的索償申請表
Instant online application and straight-through policy issuance of Caring Medical Protection Plus as "top-up" or "conversion" cover	即時網上投保「摯安心精選」醫療保險計劃的「增值保障」或「轉換保障」及即時獲發保單
Manage Your Account	管理個人帳戶
Enjoy Wellness Programme - GoHealthy	享用健康計劃- GoHealthy



# First Time Activation and Login

## 首次啟動及登入

首次登記成為 Super Care 會員所需之 3 項基本資料

1. 保單編號
2. 會員名稱
3. 出生日期

▶ 建立您的登入名稱及密碼

First time login to register as Super Care member with the 3 basic information

1. Policy Number
2. Member Name
3. Date of Birth

▶ Create your own login ID and password

如您已是 Super Care 會員，請使用現有的登入名稱及密碼。

If you are Super Care member, please use the existing login ID and password.





# 3-Step Inpatient e-Claim Submission

## 簡單3步網上提交住院索償申請

← Back    Inpatient / Surgery

**Select a Policy**

Medical Plan Policy

G000000.GP

**Select Insured Person**

T\*\* C\*\*\*\* E\*\*\*\*

**Step 1 :**  
Select the insured person  
選擇受保人

**Step 2 :**  
Input claim information and  
Answer the following questions:  
輸入索償資料並回答以下問題

Does the insured person have  
other medical policies with Blue  
Cross/ other insurance company/  
relevant cover? Yes/No  
受保人是否擁有其他藍十字/其他  
保險公司的醫療保單或相關保障？  
是/否

←    Inpatient / Surgery

Input    Confirm    Complete

Policy No.    G000000.GP  
Insured Name    T\*\* C\*\*\*\* E\*\*\*\*

**Claim Submission**

Please submit claim within 90 days from the date of treatment/ discharge unless otherwise specified in the handbook/policy.  
**Please get ready the below documents:**

- Claim Form +
- Official receipt (includes deposit) +
- Documents for Confinement in Public Hospital +
- Referral Letter for Specialist if any
- Referral Letter for Registered Private Nurse if any
- Already claim from other insurance policy +
- Pre/post consultation receipt if any
- Format of the receipt file must be GIF or JPG or PDF or PNG or TIF.
- Receipt file must NOT be greater than 5 MB.
- Receipt file name must NOT over 100 characters.

The Company reserves the right to request for necessary claim information from the insured depending on the nature of the claim(s). For details of the requirement, please refer to the terms and conditions of the relevant insurance policy.

**Other Medical Insurance Coverage**

Does the insured person have other medical policies with **Blue Cross**?

Yes    No

Does the insured person have medical policies with **other insurance company** / relevant cover?

Yes    No

**Input Claim Information**

Nature of Claim

Hospitalisation    Day Case / Clinical Surgery

**Upload Claim Form / Receipt / Document**

+

**Declaration**

☒ I/We have read and understood the [Declaration and Authorisation](#) and agree to be bound by the same.

Confirm

**Step 3 :**  
Upload the copy of receipts and  
related documents.  
上傳收據和相關文件的副本

Read the “Declaration and  
Authorisation” and tick the box to  
confirm the acceptance of the  
conditions, then click “next” and  
“confirm” button to submit the  
claim  
閱讀『聲明及授權』，並按同意接  
受其約束，再按確認提交索償



# 3-Step Outpatient / Dental e-Claim Submission

## 簡單3步網上提交門診或牙科索償申請

Outpatient Claim

**Select a Policy**

Medical Plan Policy

G006600.GP

Dental Plan Policy

D010000.GP

**Select Insured Person**

L\*\* W\*\* M\*\*\*

Y\*\* H\*\* M\*\*

### Step 1 :

Select the insured person  
選擇受保人

### Step 2 :

Input claim information and  
answer the following questions:  
輸入索償資料並回答以下問題

Have you or the insured person  
submitted claim request to other  
Insurance companies with  
this/these receipt(s)? Yes/No  
您是否曾就此收據向其他保  
險公司索償？ 是/否

Outpatient Claim

Input — Confirm — Complete

Policy No. G006600.GP  
Insured Name A T T

**Claim Submission**

Only 1 receipt is accepted for each submission.  
(If separated receipts issued for consultation and  
medicine charges, please file in same submission.)

Please keep the original receipt for 90 days after  
online submission for possible verification upon Blue  
Cross request.

**Use of medical card**

Have you or the insured person used Blue  
Cross' medical card / guarantee letter for this  
consultation?

Yes No

**Claim by other insurance policy**

Have you or the insured person submitted  
claims on other insurance policies with this  
receipt?

Yes No

**Input Claim Information**

Date of Treatment

Please select >

Diagnosis

Please select >

### Upload Receipt/Document

+ 

Do you have any additional information?

Yes No

### Declaration

☐ I/We have read and understood  
the Declaration and Authorisation and agree  
to be bound by the same.

Next

### Step 3 :

Upload the copy of receipts and  
related documents.

上傳收據和相關文件的副本

Read the "Declaration and  
Authorisation" and tick the box to  
confirm the acceptance of the  
conditions, then click "next" and  
"confirm" button to submit the claim  
閱讀『聲明及授權』，並按同意接  
受其約束，再按確認提交索償



## 3-Step Inpatient, Outpatient or Dental e-Claim Submission 簡單3步網上提交住院、門診或牙科索償申請

You may submit your inpatient, outpatient or dental claims electronically through Blue Cross Super Care Website or Blue Cross HK Mobile App within 90 days from treatment date **without receipt amount limit**. Your claims can be submitted simply by uploading the scanned copies or photos of medical receipts after login.

If the amount of each Inpatient/ Surgery receipt exceeds HK\$50,000, please mail us the original receipt to process your claim.

Besides, you can also keep track of your claims submission history online. Blue Cross shall reserve the right to obtain the original medical receipts from members for verification. Please keep the original receipts for 90 days after online submission.

您可於治療後90日內透過Super Care網站 / Blue Cross HK手機應用程式提交住院、門診或牙科索償（**不限收據金額**）。請於登入後上載醫療服務收費單據的影印副本或相片以提交索償。

如每張住院 / 手術收據的金額超過HK\$50,000，請將正本收據郵寄給我們以處理您的索償申請。

此外，會員亦可於網上查詢已提交的索償記錄。藍十字將保留權利向會員索取醫療費用單據正本作核實之用，請保留有關收據正本90天。



# Search Network Doctors/Clinics Nearby

## 搜尋附近的網絡醫生 / 診所

Search network doctors/clinics. For mobile app, it can search location-based network doctors/clinics nearby by GPS & bookmark for quick view.

搜尋網絡醫生/診所。於手機應用程式，可利用定位功能快速搜尋附近的網絡醫生/診所，並可設定標籤以便迅速查閱。

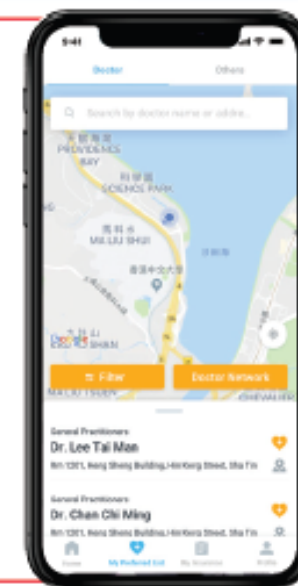


### 定位功能快速搜尋附近的網絡醫生

#### Search location-based network doctors nearby

利用定位功能快速搜尋附近的網絡醫生/診所，並可設定標籤以便迅速查閱。

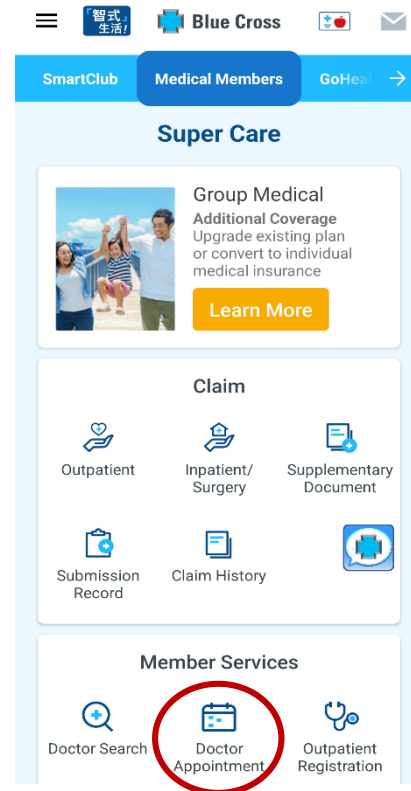
Search location-based network doctors/clinics nearby by GPS & bookmark for quick view.



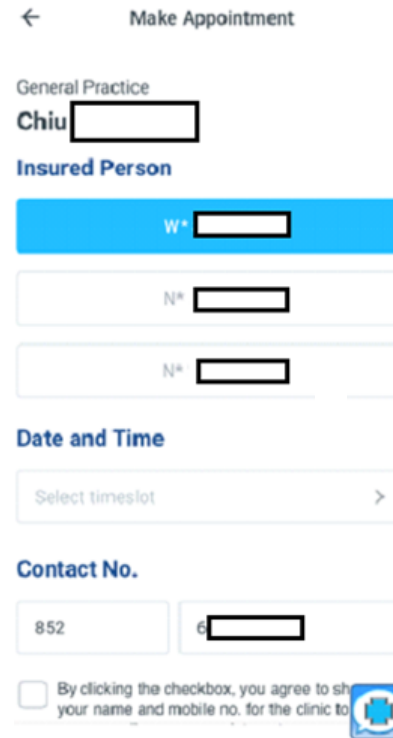
# Online Doctor Appointment 預約門診服務

Besides searching doctors and clinics, you may also make online appointment via the app  
除了搜索醫生及診所，您亦可以利用應用程式進行預約門診。

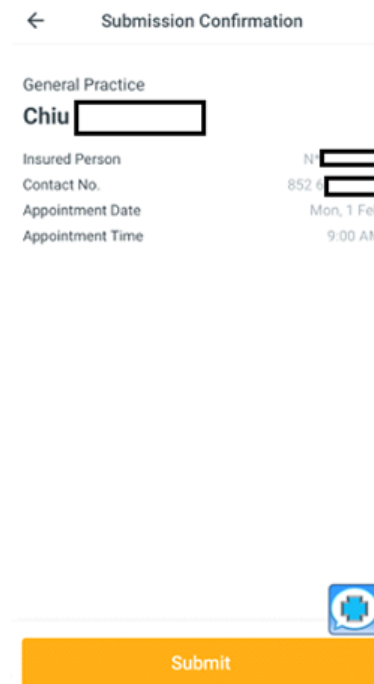
- 1) Click “**Doctor Appointment**” and select doctor 按「**醫生預約**」並選擇醫生
- 2) After filling in the information, a confirmation message will be popped out once the clinic confirmed your booking  
填妥資料後，當診所確認預約，您將收到確認訊息
- 3) To review / amend / cancel the appointment, you may click “**View Appointment**”  
若要查看/更改/取消預約，您可以按「**查看預約**」



The image shows the SmartClub app home screen. At the top, there are navigation tabs: SmartClub, Medical Members (selected), and GoHealth. Below the tabs, there's a 'Super Care' section with a 'Group Medical Additional Coverage' card and a 'Learn More' button. Underneath is a 'Claim' section with icons for Outpatient, Inpatient/Surgery, and Supplementary Document. Below that is a 'Member Services' section with icons for Doctor Search, Doctor Appointment (circled in red), and Outpatient Registration.



The image shows the 'Make Appointment' screen. It has a back arrow at the top left. The form includes fields for General Practice (Chiu), Insured Person (W\*), N\*, and N\*. There's a 'Date and Time' section with a 'Select timeslot' dropdown. Below that is a 'Contact No.' section with a field for 852 and another for the number. At the bottom, there's a checkbox for agreeing to terms and a 'Submit' button.



The image shows the 'Submission Confirmation' screen. It has a back arrow at the top left. The form displays the appointment details: General Practice (Chiu), Insured Person (W\*), Contact No. (852 6), Appointment Date (Mon, 1 Feb), and Appointment Time (9:00 AM). At the bottom, there's a 'Submit' button.



# e-Healthcard for Outpatient Panel Service

## 電子門診網絡醫療卡

e-Healthcard for outpatient panel service is now available on Super Care. Members can download or retrieve it from either Blue Cross HK App or Super Care website.

電子門診網絡醫療卡現已投入服務，您可以透過應用程式或Super Care網站下載或取得您的電子醫療卡。





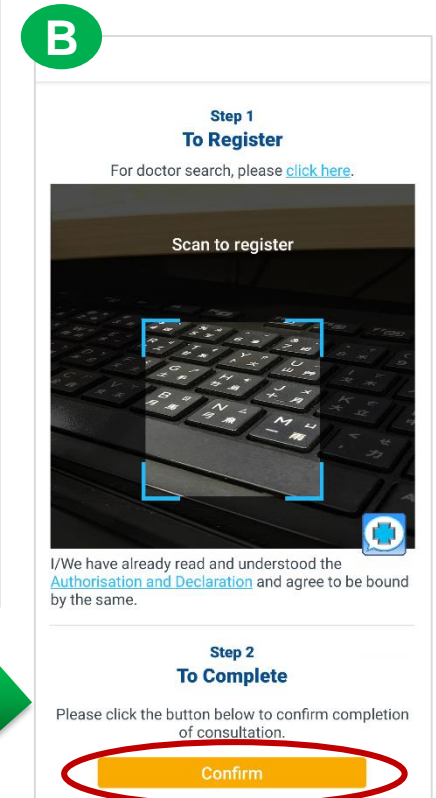
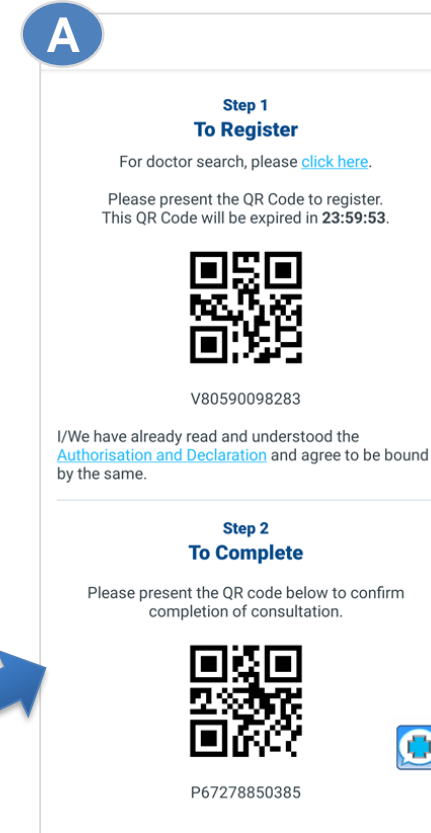
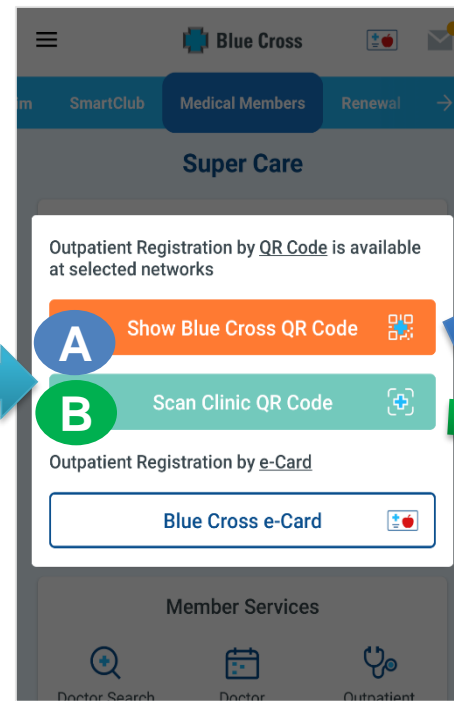
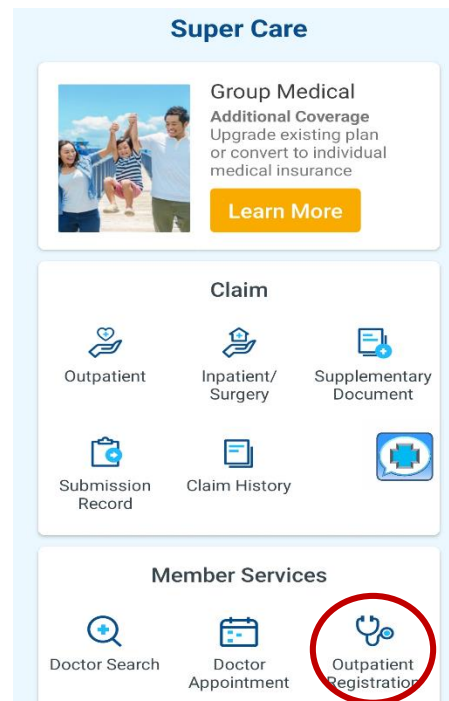
# 2-way QR Code Outpatient Registration

## 2-way QR Code 門診登記

**A** Showing QR Code 出示QR Code 登記診症

**B** Scanning QR Code 掃描QR Code 登記診症

1. Click "Outpatient Registration"  
按「門診登記」
2. Show / scan the QR Code to register for consultation  
出示 / 掃描此QR Code 登記診症
3. Lastly, show the QR Code or click "Confirm" to complete consultation  
最後出示QR Code或按「確認」完成診症

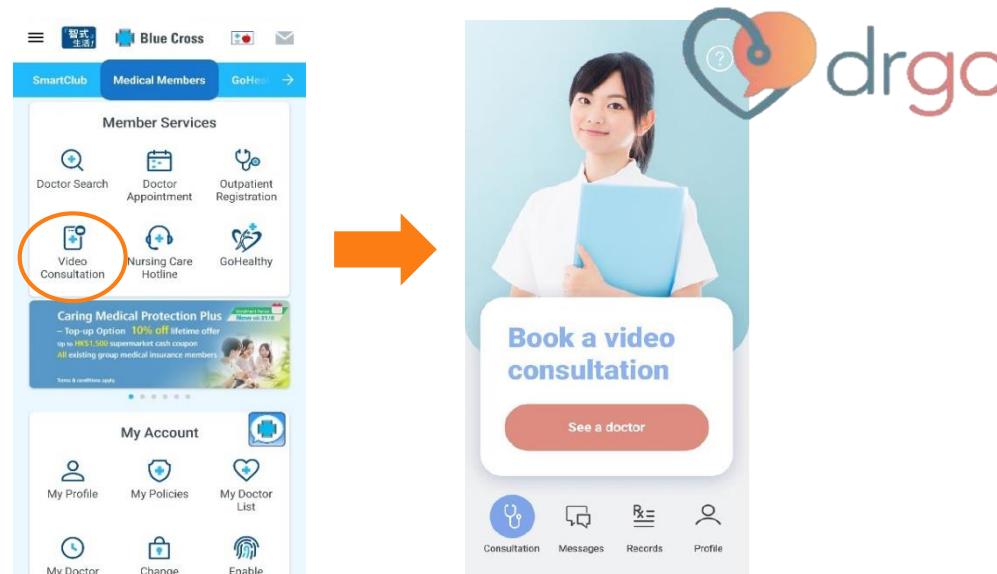


# Video Consultation Service

## 視像診症

By linking Blue Cross HK mobile app with DrGo app, Video Consultation with “Pay & Claim” **General Practice consultation / Chinese Medicine Practitioner** consultation services is now available. **Hassle-free auto claim submission.** 透過Blue Cross HK應用程式連結 DrGo 進行普通科 / 中醫視像診症，並**無需親自遞交索償申請**。

1. Clicking “Video Consultation” under Medical Members, and be redirected to DrGo app.  
於醫保成員面頁下點擊“視像診症”，並重點導向至 DrGo 應用程式。
2. After downloading the DrGo app, please register and complete the insurance profile.  
下載 DrGo 應用程式後，請註冊並填寫保險檔案。
3. Then, you can choose an on duty doctor / Chinese medicine practitioner and pay a booking fee to make an appointment. Please wait for your doctor / practitioner to confirm the booking.  
然後，你可選擇值班醫生 / 中醫師並繳交預約費用以進行預約。請等候你的醫生 / 中醫師確認預約。

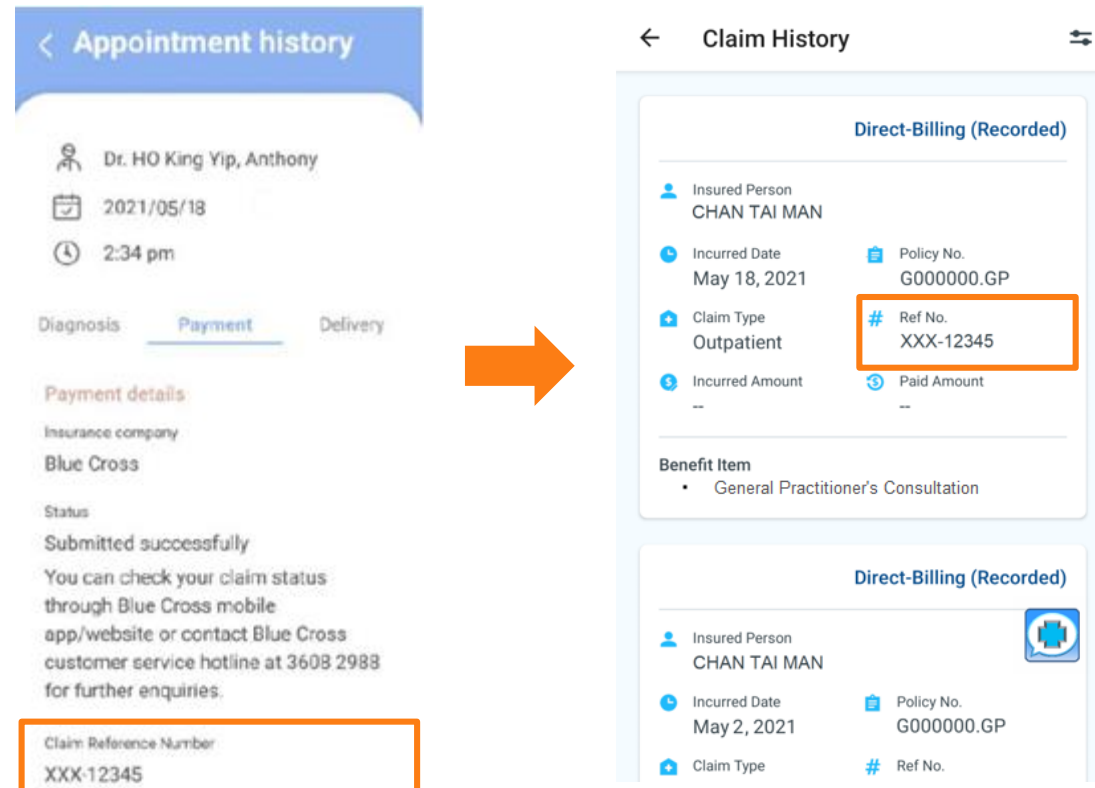




# Video Consultation Service

## 視像診症

4. After consultation, please settle your bill directly via DrGo app (booking fee will be deducted).  
診症後，請透過DrGo app直接付款 (扣除預約費用)
5. **DrGo will automatically submit your claim to Blue Cross.** A claim reference number can be found under “appointment History” on DrGo app. You may also check the claim status with it on Blue Cross HK app anytime anywhere.  
**DrGo 會自動為你遞交索償至藍十字**，而索償參考號碼將顯示於DrGo app的「診症記錄」內。你亦可隨時隨地透過Blue Cross HK app 以該號碼查閱申請狀況。



The image shows two screenshots from the DrGo app, connected by an orange arrow pointing from left to right. The left screenshot is titled 'Appointment history' and shows details for a consultation with Dr. HO King Yip, Anthony, on 2021/05/18 at 2:34 pm. It includes tabs for 'Diagnosis', 'Payment', and 'Delivery'. Under 'Payment details', it shows 'Insurance company: Blue Cross' and 'Status: Submitted successfully'. At the bottom, a box highlights the 'Claim Reference Number: XXX-12345'. The right screenshot is titled 'Claim History' and shows two entries for 'Direct-Billing (Recorded)'. The top entry is for 'Insured Person: CHAN TAI MAN', 'Incurred Date: May 18, 2021', 'Claim Type: Outpatient', and 'Ref No. XXX-12345' (highlighted with an orange box). The bottom entry is for 'Insured Person: CHAN TAI MAN', 'Incurred Date: May 2, 2021', and 'Ref No.'.

**Appointment history**

Dr. HO King Yip, Anthony

2021/05/18

2:34 pm

Diagnosis **Payment** Delivery

**Payment details**

Insurance company  
Blue Cross

Status  
Submitted successfully

You can check your claim status through Blue Cross mobile app/website or contact Blue Cross customer service hotline at 3608 2988 for further enquiries.

Claim Reference Number  
XXX-12345

**Claim History**

**Direct-Billing (Recorded)**

Insured Person  
CHAN TAI MAN

Incurred Date  
May 18, 2021

Policy No.  
G000000.GP

Claim Type  
Outpatient

Ref No.  
XXX-12345

Incurred Amount  
--

Paid Amount  
--

**Benefit Item**

- General Practitioner's Consultation

**Direct-Billing (Recorded)**

Insured Person  
CHAN TAI MAN

Incurred Date  
May 2, 2021

Policy No.  
G000000.GP

Claim Type  
# Ref No.



# Check Benefit 查閱保障

You can check your personal covered items and benefits limits.  
您可查詢自己的保障項目及賠償限額

← My Policies

L [REDACTED]

Policy No. G0 [REDACTED].GP

Insured No. [REDACTED] 8

[Benefit](#) [Outpatient Used Visit](#)


L [REDACTED]


Policy No. D0 [REDACTED].GP

Insured No. [REDACTED] 8


[Benefit](#)

Medical Insurance Glossary >





## Certificate of Insurance

 **Blue Cross 藍十字**  
An AIA Company 友邦保險集團公司

**Certificate of Insurance**

Policy Number : G000000.GP (10)  
Policyholder : ABC GROUP LIMITED  
Staff No. : [REDACTED]  
Insured Number : [REDACTED]  
Insured Name : [REDACTED]  
Effective Date : OCT 01 2022

**Schedule of Benefits – Hospital and Surgical Benefits**

If any claim by an Insured is acknowledged to be covered by this Policy, the Company will pay the Eligible Expenses incurred in respect of a Confinement or surgical procedure up to the limits per Disability below save as otherwise provided under the surgical schedule.

Level Code	Maximum Benefits per Disability HS 4
Entitled Level of Accommodation	Semi-Private
Currency	HK\$
Reimbursement %	100%
<b>Surgeon's Fees</b> (inclusive of Day Case Procedure performed in an outpatient facility)	
Complex Operation, up to	48,000
Major Operation, up to	24,000
Intermediate Operation, up to	12,000
Minor Operation, up to	7,200
<b>Anaesthetist's Fee</b>	
Complex Operation, up to	14,400
Major Operation, up to	7,200
Intermediate Operation, up to	3,600
Minor Operation, up to	2,160
<b>Operating Theatre Charges</b>	
Complex Operation, up to	14,400
Major Operation, up to	7,200
Intermediate Operation, up to	3,600
Minor Operation, up to	2,160
<b>Room &amp; Board</b>	
Limit per day	700
Maximum number of days	182
<b>Miscellaneous Hospital Charges</b>	
	15,000
<b>Physician's Hospital Visits</b>	
Limit per day	700
Maximum number of days	182
<b>Specialist's Fees</b>	
	2,000
<b>Daily Hospital Cash Allowance</b> (for general ward of Eligible Public Hospital only)	
Fixed allowance per day	700
Maximum number of days	182


Blue Cross (Asia Pacific) Insurance Limited 藍十字 (亞太) 友邦保險有限公司  
www.bluemc.com.hk

CR000000.GP-C-1 CR000000-C-1  
B0101 07/2021

# Claims History Enquiry 查詢索償紀錄

## "Super Care" Website

Home > Claim > Claims History



\* Mandatory field

Policy No.\*

Policy Period\* [01 Aug 2014 - 01 Aug 2015]

Insured Person\*

Claim Type\* ☐ Inpatient ☒ Outpatient

Total number of record(s) : 11

Document	Incurred Date	Benefit	Claim Status	Claim (HK\$)	Paid (HK\$)	Charge Back (HK\$)	Claim Submission No.
...	11 Apr 2015	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...
<a href="#">View</a>	07 Apr 2015	• General Practitioner's Consultation	Paid	540.00	432.00	0.00	...
...	25 Feb 2015	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...
...	12 Feb 2015	• Other Outpatient Services	Direct-Billing	N/A	N/A	0.00	...
...	18 Dec 2014	• Specialist Consultation	Direct-Billing	N/A	N/A	0.00	...
...	24 Nov 2014	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...
...	20 Nov 2014	• Specialist Consultation	Direct-Billing	N/A	N/A	0.00	...
...	15 Nov 2014	• Specialist Consultation	Direct-Billing	N/A	N/A	0.00	...
...	01 Nov 2014	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...
...	18 Oct 2014	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...
...	27 Sep 2014	• General Practitioner's Consultation	Direct-Billing	N/A	N/A	0.00	...

Benefit Item(s) No. of Used Visits

General Practitioner's Consultation 7

Specialist Consultation 3


Grand Total Charge Back (HK\$) : 0.00


- Outpatient benefits items 門診保障項目
- No. of used visit 已使用次數


## "Blue Cross HK" Mobile App


← Claim History →


Paid


 Insured Person  
CHAN TAI MAN


 Incurred Date  
Dec 20, 2020

 Policy No.  
G000000.GP

 Claim Type  
Outpatient

 Ref No.

 Incurred Amount  
HK\$250.00


 Paid Amount  
HK\$200.00

Benefit Item


- General Practitioner's Consultation


Claim Correspondence

- [Claims Adjustment Report >](#)



Claim Adjustment Report  
賠償通知書

 Incurred Date

 Policy No.

# Cashless Arrangement for Gastroscopy and Colonoscopy

## 胃鏡及腸鏡門診手術免結賬安排

You can use the electronic Outpatient Surgery Card to book the relative day case procedures at designated Blue Cross network clinics. The bills will be settled directly by us and you don't have to worry about making a subsequent claim.

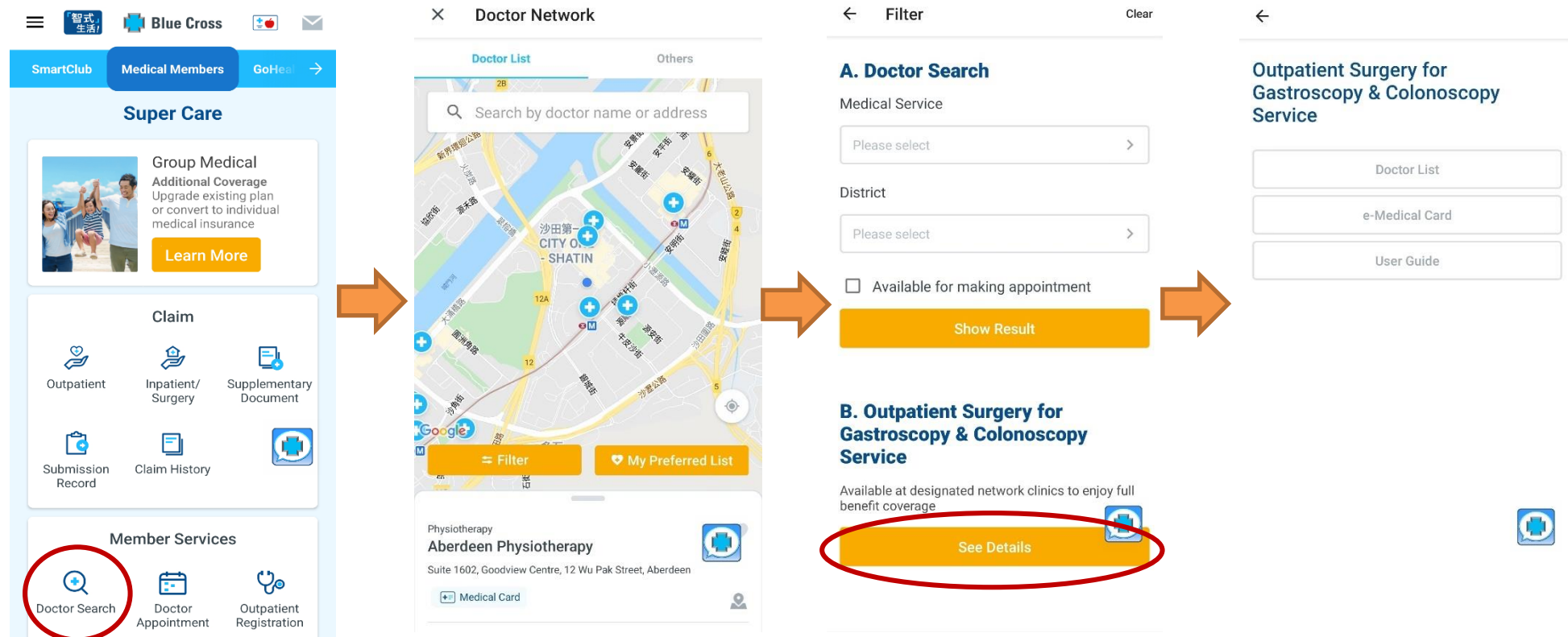
您只須憑電子門診手術卡，即可於指定藍十字網絡診所預約相關日症手術療程，我們會為您直接支付賬單，您無須為日後索償程序而操心。



# Cashless Arrangement for Gastroscopy and Colonoscopy 胃鏡及腸鏡門診手術免結賬安排

## How to view the e-medical Card & related information for Gastroscopy and Colonoscopy? 如何檢視胃鏡及腸鏡門診手術卡及相關資料?

1. Click "Doctor Search", then click "filter"  
按「醫生網絡」，然後按「篩選」
2. Click "See Details" to view doctor list/ e-medical card/ user guide  
按「了解詳情」以檢視醫生名單/ 電子醫療卡/ 用戶指南







# Download Pre-filled Claim Forms (Super Care Website Only)

## 下載已填妥基本資料的索償申請表 (只適用於Super Care)

Home > Download Area

 Download Area



\* Mandatory field

Claim Form

Policy No.

Insured Person

Claim Form ☒ Inpatient ☐ Outpatient ☐ Dental

Please select the appropriate claim form according to the benefits of your policy.

[Download](#)

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Automatically Fill in Personal Information  
自動填寫個人資料

 **Blue Cross 藍十字**  
An AIA Company 友邦保險成員公司

 收集個人資料聲明  
Personal Information Collection Statement

 聯絡我們  
Contact Us

### OUTPATIENT CLAIM FORM 門診索償申請表

Enjoy Speedy Claim Submission via eClaim in 3 simple steps

1. Input claim details
2. Upload the scanned copies/photos of receipt
3. Confirm

透過電子索償平台簡單 3 步驟交索償申請

1. 輸入索償資料
2. 上載收據之掃描副本 / 相片
3. 確認

[Download Now 立即下載](#)

 Blue Cross HK App

**Claim Notes**

1. This form is applicable to outpatient claim. **Each claim form is for one insured (Patient) only.**
2. You can find the Policy number and Insured number on Blue Cross Certificate of Insurance or Blue Cross Healthcare Card, you may also visit [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) to view account information after logging in.
3. Please print this claim form on A4 size paper and send it together with the original receipts to Medical Claims Department of Blue Cross (Asia-Pacific) Insurance Limited ("The Company") within 90 days from treatment date. The Company's Personal Information Collection Statement as accompanied with this form is for your reference and retention, please do not return it along with your claim application.
4. The Company is entitled to request for your provision of further information and documents or completion of other specific claim forms.

**索償注意事項**

1. 此申請表適用於門診索償，**每名受保人 (病人) 須獨立填寫申請表。**
2. 您可於藍十字保險證明書或藍十字醫療卡上查閱保單號碼及受保人號碼。您可登入 [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) 查閱帳戶資料。
3. 請以 A4 紙打印此索償申請表，並於治療後 90 天內，連同收據正本一併交回藍十字 (亞太) 保險有限公司 ("本公司") 醫療保險部收訖。隨本申請表附上的收集個人資料聲明，是供閣下參閱及保留之用，請勿隨同提交索償申請時帶回。
4. 本公司有權要求閣下提供更多資料及文件或填寫其他專用索償表格。

**索償申請程序**

1. 附上由醫生簽發的收據正本或由其他保險公司發出的收據核實副本 (如適用)，每張收據必須列明以下資料：
  - 病人姓名
  - 診症日期 / 治療日期
  - 病歷名稱
  - 收費項目說明
  - 醫生簽署及蓋章
2. 請附上由政府醫務管理處發出的收據正本及所有病歷名稱的醫療證明書 / 病歷證明書或出院摘要副本，若醫生未有註明病歷名稱，受保人 (病人) 須於上述文件上補充填寫病歷名稱 (例如：高血壓、糖尿病等)。
3. 除已標記免外，如須提交化驗或 X 光診斷，請附上醫生轉介信。
4. 如屬中醫治療，請附上收據正本及中醫處方正本。
5. 需妥此申請表及簽名。
6. 如適用，請提供其他保險公司之賠償結算通知書副本。
7. 一經提交之收據正本將不獲發還，如屬索取收據之核實副本，請於填寫表格內註上 "✓" 號。

**Claim Instructions**

1. Attach the **original** receipts issued by the doctor or certified true copy of receipts issued by other insurers (if applicable). Each receipt **MUST** state the following information:
  - Full name of patient
  - Date of consultation / Date of treatment
  - Diagnosis
  - Breakdown of charges
  - Doctor's signature and official stamp
2. For outpatient visits in government hospital/clinic, please attach the original receipts together with a copy of medical certificate/sick leave certificate with specified diagnosis or discharge summary. If no diagnosis is provided by the doctor, the insured (patient) is required to supplement the exact diagnosis (e.g. Hypertension) on the above mentioned documents and confirm with a signature.
3. If laboratory tests/X-rays are necessary, please attach the doctor's referral letter unless it is waived.
4. For treatment of Chinese Medicine Practitioner, please attach the original receipts and prescription.
5. Complete and sign this form.
6. Provide copy of claim settlement advice from other insurers, if applicable.
7. Original receipt will not be returned once submitted. Please tick the appropriate box if certified true copy of receipt is required.

**To be completed by the Insured (Patient) 由受保人 (病人) 填寫 - Part 1/2 部分**  
(or his/her parent if the Insured is aged below 18 若受保人之年齡在 18 歲以下，請由其家長填寫)

**To avoid delay in processing your claim due to incomplete information, please complete all the below information in English BLOCK letters.**  
**為免因資料不全而延遲處理閣下之索償申請，請以英文正楷填寫下列所有資料。**

Name of Policyholder/Employer 保單持有人姓名 / 僱主名稱	Policy No. 保單號碼	Staff No. (if applicable) 職員編號 (如適用)
Name of Employee in English (if applicable) 僱員之英文姓名 (如適用)	Employee's Insured No. (if applicable) 僱員之受保人號碼 (如適用)	HKID Card No. 香港身份證號碼
Name of Insured (Patient) in English 受保人 (病人) 之英文姓名	Patient's Insured No. (must be provided) 病人之受保人號碼 (必須提供)	HKID Card No. 香港身份證號碼

☐ Original receipt will not be returned once submitted. Please put a "✓" in this box for request of certified true copy of receipt for other insurance claims.  
一經提交之收據正本將不獲發還。如屬索取收據之核實副本辦理其他保險索償，請於表格內註上 "✓" 號。

**Please fill in the nature of claim and breakdown of charges 請填寫索償性質及各項收費**

No. 序號	Date of Consultation/ Treatment (DD/MM/YYYY 日/月/年)	Nature of Claim (please put a "✓" in the appropriate box) 索償性質 (請於適當方格內註上 "✓" 號)	Total amount indicated on the receipts (please specify currency) 收據總金額 (請列明貨幣)
		General Consultation* 普通科 醫生診症	
1.		Specialist's Consultation* 專科 醫生診症	
2.		Chinese Medicine Practitioner Treatment* 中藥治療	
3.		Prescribed Medicine and Drug** 處方藥物	
4.		Diagnostic X-rays and Lab Tests* 化驗	
5.		Others (please specify, e.g. Physiotherapy*, Chiropractic*, Reflexology*, etc.) 其他 (請註明: 如物理治療*, 針灸*, 氣功*, 氣功*, 氣功*, 氣功*)	
6.		Post-hospitalization/Surgical follow up visit, please specify the date of Hospitalization/Surgery aftercare / 手術後的護理, 請註明 住院 / 手術日期 (DD/MM/YYYY 日/月/年)	
7.			
8.			

\*Doctor's referral letter is required unless it is waived  
除已標記免外，必須連同醫生轉介信提交

#Chinese Medicine prescription is required (if applicable)  
必須連同中藥處方提交 (如適用)

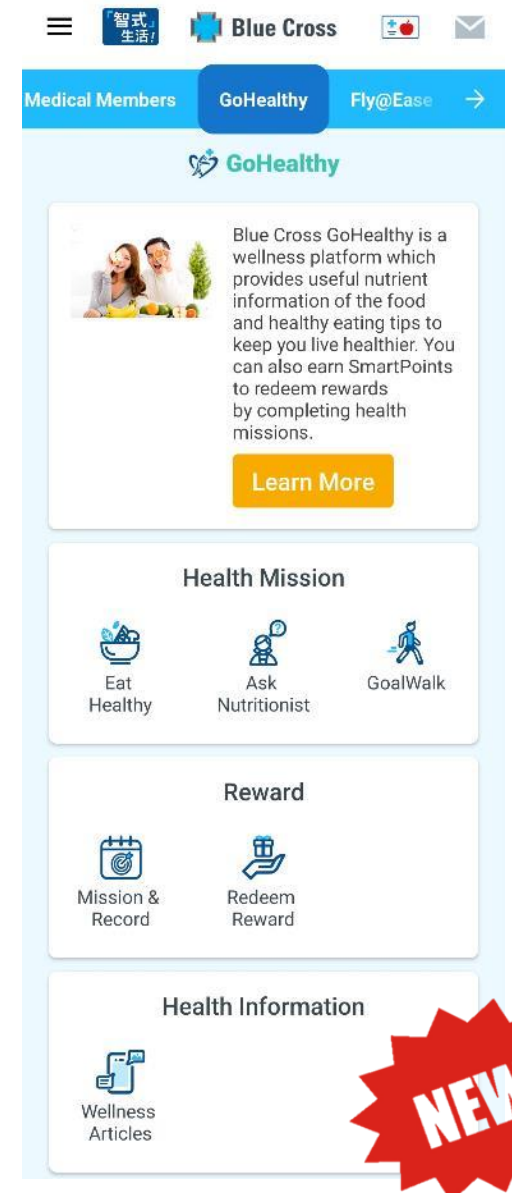
\*\*Doctor's prescription is required unless it is waived  
除已標記免外，必須連同醫生處方提交

# Wellness Platform - GoHealthy

## 健康平台 - GoHealthy

Wellness platform “GoHealthy” has been set up in Blue Cross HK mobile app. Members can register as SmartClub members and earn SmartPoints to redeem rewards by completing health missions. 我們現已於 Blue Cross HK 手機應用程式推出了全新的健康平台 “GoHealthy”。您可以成為至醒會會員並完成各項任務賺取「至醒積分」以兌換禮品。

<b>Eat Healthy</b> 食得健康D	Analyze the nutrient content of foods by food menu photos or typing, and provide personalized healthy eating tips. 透過掃描或搜尋即時分析食物的營養成份，為您提個人化健康飲食小貼士。
<b>Ask Nutritionist</b> 營養師信箱	Leave messages to registered nutritionists and get professional advice on your questions about healthy diet. 留言向持牌營養師查詢有關健康飲食的問題以獲取專業意見。
<b>GoalWalk</b> 步步Fit	Connect with your fitness tracker to keep track of your daily step counts. You will be rewarded by achieving daily step goals. 連接運動追蹤應用程式以記錄每日步數，達到每日步數目標便可獲得獎勵。
<b>Wellness Articles</b> 健康熱話 *	Provide information on health and wellness, covering hot topics, interesting facts, common health problems, nutrition tips, expert advise, etc. 提供與身心健康有關的資訊，包括健康熱話及趣聞、常見健康問題、營養資訊、專家意見等等。



\* Information in Chinese Only. 僅提供中文資訊

# Customer Service

## 客戶服務

### Main Functions 主要功能：

- Check Claim Procedures And Claim Status 查詢索償手續及賠償進度
- Obtain Claim Forms 獲取索償申請表
- Check Network Doctor's Location 查詢網絡醫生位置
- Enquire Super Care / Blue Cross HK Mobile App  
查詢 Super Care / Blue Cross HK 手機應用程式
- Pre-assessment Service 入院前評估服務

Customer Service Hotline	客戶服務熱線	2839 6333
E-mail Address	電郵	cs@bluecross.com.hk
Office Hour	辦公時間	
Monday to Friday	星期一至五	9:00 a.m. to 5:30 p.m.
Saturday	星期六	Closed 休息
Sunday & Public Holidays	星期日及公眾假期	Closed 休息

