third party payee name

CSR Print Date : October 23, 2018

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Client Copy
CSR to B

NO. 5 SHEK O RD. SHEK O

HONG KONG

Applicant Name : CHOW LAI NGOR
Claimant : CHOW LAI NGOR

Member No. :0055102-00

DR. VIO & PARTNERS ←

Policy No :007765-000-00002

Revision No.

Policyholder Name : THE SHEK O COUNTRY CLUB

Policyholder No. :007765-000 Claim No. :1810180002

Payee Name :DR. VIO & PARTNERS
Broker Name :BSI BROKERS LTD. - BNC

Exchange Rate : HKD 7.8394

Claim	Claim (Service Period)			Submitted		Adjust Submitted	Coins. %/ Deductible Eligible		.ble	Provider			
Lines		То	Benefit		Amount	Amount		Amour		Payab	le Amount Name	Paid Remark/Reject	
1	09/13/18	09/13/18	Specialist consultation	HKD	560.00		0.00	USD	67.60	USD HKD	67.60 DR. VIO & PARTNERS		
2	09/14/18	09/14/18	Office Visit	HKD	450.00		0.00	USD	53.57	USD HKD	53.57 DR. VIO & 419.96		
3	09/14/18	09/14/18	Prescribed Medicine	HKD	38.00		0.00	USD	4.85	USD HKD	4.85 DR. VIO & PARTNERS	СВ	
4	09/24/18	09/24/18	Prescribed Medicine	HKD	282.00		0.00	USD	35.97	USD HKD	35.97 DR. VIO & PARTNERS 281.98	СВ	
5	09/24/18	09/24/18	Specialist consultation	HKD	560.00		0.00	USD	67.60	USD HKD	67.60 DR. VIO & PARTNERS		
									Total:	USD	229.59		

		USD	HKD	Payment Method
Deductible Amount				
Prior Payment to Provider	:	0.00		
Amount to Provider	:	0.00	0.00	
Prior Payment to Member	:	0.00		
Amount to Member	:	0.00	1,799.84	CHEQUE
Recharge Amount	:	0.00		

Notes :Line 1,2,5 : Deductible per visit has been applied.

Line 3,4 : 20% co-payment is not covered.

Code Description

: CB

Full payment has been settled to the provider. The uncovered expenses are therefore charged back to you.