

Cigna HealthFirst Series Hospitalization/Medical Expense Claim Form 信諾醫療保險系列住院/醫療費用索償表格



16/F, 348 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong

Tel: 8100 3209 Fax: 2560 3605
www.cigna.com.hk

For Cigna HealthFirst Elite customers, please contact our privilege Elite Hotline at (852) 8100 3269.
Please submit your claim via our Customer Portal www.mycigna.com.hk or by mailing relevant documents to Cigna Claims Department.

如閣下是尊尚醫療保客戶，您可聯絡尊尚醫療保專線 (852) 8100 3269。
請經我們的客戶平台 www.mycigna.com.hk 遞交索償申請或郵寄相關文件至信諾賠償部。

首次索償 First claim 持續索償 Further claim

代理人/經紀資料 (適用於由保險代理/經紀遞交之索償申請，如由保單持有人/受保人遞交，並不需要填寫) Broker/Financial Consultant Information (Applicable to the claim submitted by Broker/Financial Consultant, no need to complete if submitted claim by Policyholder /Insured)

保險代理人名稱 Insurance Broker Name	經紀名稱 Financial Consultant Name	經紀編號 Financial Consultant code	聯絡電話 Contact Phone no.
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第一部份 – 請由受保人填寫，如受保人未滿18歲，則由保單持有人填寫。(請連同住院/醫療費用單據一併寄回) Part I – To be completed by insured or policy holder if insured is below 18 years old. (Please attach hospital/medical expense receipts with this form)

個人資料 Personal Particulars Ref: _____ (for office use)

保單持有人姓名 Name of Policyholder	英文 姓 Eng Family Name	名 Given Name	中文 Chi	保單編號 Policy No.
受保人姓名 Name of Person Insured	英文 姓 Eng Family Name	名 Given Name	中文 Chi	
受保人香港身份證號碼 HKID Card No. of Person Insured		出生日期 Date of Birth	年齡 Age	性別 Sex
		(YY/MM/DD)		男 女 M / F
受保人過去12個月之常居地 Country of Residence in the past 12 months of the Insured				
聯絡電話 Contact Telephone No.	電郵地址 E-mail Address			
受保人之現任僱主名稱 Name of Current Employer of Person Insured				受僱職位 Position Held
受保人之現任僱主地址 Address of Current Employer of Person Insured				
				公司電話 Tel No.

所有索償通知將會經我們的客戶平台通知或郵寄至閣下在本公司記錄之通訊地址。
All claim communication will be informed through our customer portal or mailed to your correspondence address as per our company record.

付款指示 Payment Instruction

如已使用自動轉帳並以儲蓄/來往帳戶以作繳付保費之保單而銀行戶口持有人及保單持有人為同一人，賠償款項將轉入指定銀行戶口，如沒有使用此服務，請提供下列文件以作安排直接付款賠償：

Should the premium payment of this policy has been set as DDA saving/current account and the account holder is the policyholder, the claim payment will be debited to your designate DDA bank account, or else please provide following information for direct payment transfer:

戶口資料證明 (如銀行存摺或銀行帳單或提款卡影印本列有銀行戶口持有人姓名及戶口號碼)
Account proof (e.g. bank book / bank statement or ATM card copy showing the name of account holder & account no.)

*銀行戶口持有人及保單持有人必須為同一人
*The bank account holder and the policyholder must be the same person

直接付款賠償 (適用於香港境內)
Direct Transfer payment (applicable to Hong Kong)

銀行戶口持有人姓名 Name of account holder			
銀行名稱 Name of Bank	銀行號碼 Bank Code	分行號碼 Branch Code	戶口號碼 Account No.

銀行電匯付款 (適用於香港境外)
Telegraphic Transfer payment (applicable to outside Hong Kong)

銀行戶口持有人姓名 Name of account holder			
銀行名稱 Name of Bank	銀行號碼 Account No.	代號 Sort/Swift/ABA- Routing code	
銀行分行地址 Bank Branch Address			

如中文譯本之文意與英文有異，則以英文版本為準。

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Cigna Worldwide Life Insurance Company Limited 信諾環球人壽保險有限公司 Cigna Worldwide General Insurance Company Limited 信諾環球保險有限公司

求診資料 Consultation Information

請提供詳細求診資料以便處理索償：

Please provide detailed consultation information to facilitate the claim processing:

1) 是次求診/住院：

This consultation/hospital confinement:

i) 求診原因(請提供詳情)：

Reasons of this consultation (provide details as appropriate):

- 由疾病/意外所致。請提供診斷：

Due to illness/accident. Please provide the diagnosis: _____

- 如屬意外導致，請提供意外詳情：

For accident, please provide the circumstances of the incident: _____

ii) 您何時首次發現上述病徵？

(年/月/日)

When did you first aware of the manifestation of such symptoms? _____ (YY/MM/DD)

iii) 初診日期：

(年/月/日)

Date of first consultation: _____ (YY/MM/DD)

iv) 醫院/診所/醫生名稱：

Name of Hospital/Clinic/Doctor: _____

v) 求診日期：

由

至

(年/月/日)

Consultation period: From _____ to _____ (YY/MM/DD)

vi) 您過去曾就是次疾病/意外所就診之醫生名稱：

Name of doctor(s) consulted for this illness/accident in the past: _____

2) 過去因該病求診紀錄：

Previous related consultation history:

i) 首次求診之病徵？

What was the sign/symptom in the first consultation? _____

ii) 初診日期：

(年/月/日)

Date of first consultation: _____ (YY/MM/DD)

iii) 其後因該病徵覆診/再診之日期：

(年/月/日)

Subsequent consultation dates of this sign/symptom: _____ (YY/MM/DD)

3) 請列出閣下過去慣常求診的醫生/家庭醫生之名稱及地址：

Please provide the name and address of your usual/family doctor: _____

其他資料 Others

請問除本公司外，有否投保於其他保險公司？如有，請述

Do you have other insurance coverage? If so, please state:

保險公司名稱

投保種類

保單編號

保單生效日期

Name of Insurer _____

Type of Coverage _____

Policy Number _____

Policy Effective Date _____

個人資料收集聲明 Personal Information Collection Statement

信諾環球人壽保險有限公司 / 信諾環球保險有限公司(「信諾」) / (「信諾」)

Cigna Worldwide Life Insurance Company Limited / Cigna Worldwide General Insurance Company Limited ("Cigna") / ("Cigna")

信諾關注保障個人資料私隱。我們尊重個人資料，並且全力執行及遵守保障資料原則，以及《個人資料(私隱)條例》(“私隱條例”)的各項有關規定。

The protection of privacy in relation to personal information is the concern of Cigna. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and all relevant provisions of the Personal Data (Privacy) Ordinance ("the Ordinance").

1) 我們收集及/或持有的個人資料的範圍 Personal Information We Collect and/or Hold

我們收集及/或持有的個人資料，包括閣下之個人識別資料、聯絡資料、保單詳情、交易記錄、財務背景、醫療及健康事項。

The personal information that we collect and/or hold includes your personal identification information, contact information, policy details, transaction records, financial background and medical and health affairs.

2) 收集個人資料的重要性 Importance of Information Collection

閣下需要不時向信諾提供有關的個人資料。倘若閣下未能向信諾提供被要求的資料，信諾可能無法簽發保單、處理索償申請或提供產品或服務。

From time to time, it is necessary for you to supply Cigna with personal information. Cigna may not be able to issue policies, process claim applications or provide products or services to you if you fail to supply your information as requested by Cigna.

3) 收集個人資料的目的及用途 Purposes of Information Collection and Usage

信諾所持有閣下的資料可能會被用於下列用途：

Your personal information held by Cigna may be used for the following purposes: –

- i) 處理及評估閣下就產品或服務提出的任何申請或要求；
processing and evaluating any applications or requests made by you for products or services;
- ii) 處理保險或財務或投資相關產品或服務之日常運作，包括其更改、變動、取消或續期；
administration of insurance or financial or investment related products or services, including alterations, variations, cancellation or renewal of such products or services;
- iii) 處理、調查或分析就產品或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償申請；
processing, investigation or analysis of any claim applications made by, against or otherwise involving you in respect of any products or services;
- iv) 進行核對程序；
carrying out matching procedures;
- v) (得到閣下的同意下 – 請看以下第7條)直接促銷，包括但不限於透過電子或其他模式作推廣、宣傳或銷售信諾或信諾聯合其它公司提供的保險、財務或與投資相關之產品或服務；
(with your consent – see section 7 below) direct marketing including but not limited to promoting, marketing or selling of Cigna or co-branded insurance or financial or investment related products or services by electronic or other means;
- vi) 遵守適用於信諾或其集團公司的法律、規則、規例、實務守則或指引，及就其要求作出披露；
making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna or any of its group companies;
- vii) 使信諾的確實或建議再保人，評核意圖再保交易的有關保單；
evaluating the policy intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna;
- viii) 用作於醫療或健康參考上之用；
conducting medical or health reference checks;
- ix) 用作於保險、財務或投資相關調查、研究及統計之用；及
conducting surveys, research and compiling statistics for insurance, financial or investment related purposes; and
- x) 與上述任何目的直接有關的其他目的。
other purposes directly relating to any of the above.

4) 個人資料的轉移 Transfer of Personal Information

信諾所持有閣下的資料會被絕對保密，但信諾可能會就上述任何目的把有關資料給予下列人士及/或實體(無論在香港境內還是境外)：

Your personal information held by Cigna will be kept confidential, but may be shared with the following individuals and/or entities, whether within or outside Hong Kong, for any of the purposes set out above: –

- i) 任何向信諾提供行政、資料處理、客戶服務、電話中心、電訊、資訊科技、基金管理、收債、繳費、反洗黑錢及其他法規的審查、促銷、研究、郵寄、印刷或其他服務的代理、承辦商或第三者服務供應商；
any agent, contractor or third party service provider who provides administrative, data processing, customer service, call center, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing or other services to Cigna;
- ii) 任何代表閣下安排購買信諾提供的保單，或代表閣下處理對信諾的保險索償，或由閣下通知信諾作為代表閣下的保險中介人(“保險中介人”)；(在得到閣下的同意下 – 請看以下第7條)個人資料作其直接促銷或業務推廣的用途，並可能從而得益；
any insurance intermediary acting on your behalf (in placing an insurance policy with Cigna, in handling insurance claims with Cigna or as notified by you to Cigna) (an "Insurance Intermediary") and (with your consent – see section 7 below) for its own direct marketing and business purposes, and such provision of your personal information may be for gain;
- iii) 任何由保險中介人聘用的代理、承辦商或第三者服務供應商(由保險中介人不時通知信諾)以提供任何有關第3(i)及(ii)條所載用途之服務；
any agent, contractor or third party service provider engaged by an Insurance Intermediary (as notified by such Insurance Intermediary to Cigna from time to time) to provide any services to the Insurance Intermediary in relation to the purposes set out under sections 3(i) and 3(ii) above;
- iv) 信諾的分行、附屬公司、控權公司、關聯公司或聯繫公司以用作資料處理和建立數據模型；
any branch, subsidiary, holding company, associated company or affiliates of Cigna for data processing and modeling;
- v) 與閣下用作繳交保費戶口有關的金融機構或信用卡/記賬卡發行人；
any financial institution or credit/charge card issuer related to your premium payment account;
- vi) 信諾的確實或建議再保人；
any actual or proposed re-insurer of Cigna;
- vii) 適用於及對信諾或任何其集團公司具法律、規則、規例、實務守則或指引約束力的規定下而信諾有責任對其作出披露的任何人；
any person to whom Cigna is under an obligation to make disclosure under the requirement of any law, regulations, rules, codes of practice or guidelines binding on or applicable to Cigna or any of its group companies;
- viii) 其他對信諾資料有保密責任並承諾保密該等資料的人士；
any other person under a duty of confidentiality to Cigna which has undertaken to keep such information confidential;
- ix) 任何收賬代理；及
any debt collection agencies; and
- x) 任何調查、研究及統計機構/人員。
any person who provides survey, research and statistics services.

如中文譯本之文意與英文有異，則以英文版本為準。

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5) 轉移資料往香港以外地區 Transfer of Information Outside Hong Kong

信諾可能不時就不同的目的(包括處理或儲存)將閣下的資料轉移往香港以外地區。

Cigna may from time to time transfer your personal information outside Hong Kong for different purposes including processing or storage.

6) 資料查閱 Data Access

I) 根據私隱條例中的條款，閣下有權：

Under and in accordance with the terms of the Ordinance, you have the right to: –

i) 查詢信諾是否持有閣下的資料及查閱有關的資料；及
check whether Cigna holds data about you and seek access to such data; and

ii) 要求信諾改正有關閣下不準確的資料。
require Cigna to correct any data relating to you which is inaccurate.

II) 信諾有權就處理任何查閱資料的要求收取合理費用。

Cigna may charge a reasonable fee for the processing of any data access request.

III) 任何關於上述條款6(I)的要求，應向右列人士提出：信諾資料私隱主任(香港九龍觀塘觀塘道348號16樓)。

Requests under section 6(I) should be addressed to the following:

Cigna's Data Protection Officer

16/F, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong

7) 直接促銷 Direct Marketing

在得到閣下的同意下(包括表示不反對)，信諾可：

With your consent (which includes an indication of no objection), Cigna may:

I) 使用閣下提供予信諾的個人資料，包括閣下的姓名、聯絡資料(例如：電話號碼、電郵地址及郵遞地址)、產品及服務組合資料、財務背景及人口統計資料作直接促銷之用途；

use personal information, including your name, contact details (such as phone number, email address and mailing address), products and other services portfolio information, financial background and demographic data it holds about you for direct marketing purposes;

II) 就信諾及信諾的聯繫公司、聯合品牌夥伴及商業合作夥伴可能提供之下列類別的產品及服務進行直接促銷：

conduct direct marketing in relating to the following classes of products and services that Cigna, our affiliates, our co-branding partners and our business partners may offer:

i) 保險、財務或投資相關產品及服務；

insurance, financial or investment related products and services;

ii) 獎賞、年資、聯合品牌及優惠計劃及其相關產品及服務：健康、保健及醫療、體育運動及會員服務、娛樂、旅遊及交通、禮賓、家庭護理(包括寵物護理)、家居、餐飲、服裝、珠寶、電訊、教育、社交網絡及媒體；及
reward, loyalty, co-branding or privileges programs and related services and products on health, wellness and medical, sporting activities and membership, entertainment, travel and transportation, concierge, home care (including pet care), household, food and beverages, apparel, jewelry, telecommunication, education, social networking and media; and

iii) 作慈善或非牟利用途的捐獻；

donations and contributions for charitable or non-profit making purposes;

III) 將第7(I)條所述的個人資料提供予任何代理人或承辦商以代表信諾進行直接促銷上述產品及/或服務之用途；及

provide the personal information described in section 7(I) to any agent or contractor for the purpose of carrying out direct marketing of the above products and/or services on behalf of Cigna; and

IV) 除促銷上述產品及服務外，將第7(I)條所述的個人資料提供予任何或所有下列人士作直接促銷之用，並從而得益；及信諾就此用途必須得到閣下的書面同意(包括表示不反對)，並在沒有閣下的書面同意下不會就此用途轉移閣下的個人資料：

in addition to marketing the above products and services, share the personal information described in section 7(I), for gain, with any or all of the following persons for use in direct marketing, and Cigna requires your written consent (which includes an indication of no objection) for the purposes and will not do so without your written consent:

i) 任何代表閣下的保險中介人作其直接促銷保險、財務或投資相關產品或服務之用途，及業務推廣之用途；及

any Insurance Intermediary acting on your behalf for its own direct marketing purposes in relation to insurance, financial or investment related products or services, and business purposes; and

ii) 任何提供第7(II)條所述的產品及/或服務類別之第三者供應商作直接促銷該等類別的產品及/或服務之用途。

any third party provider of any of the classes of products and/or services as described in section 7(II) for direct marketing purposes in relation to such classes of products and/or services.

如閣下不同意信諾就任何上述使用及/或轉移閣下的個人資料之用途，閣下可通知我們行使你的權利選擇拒絕直接促銷，我們便不會使用及/或轉移閣下個人資料作以上之用途。閣下亦可隨時根據上述地址致函給我們的信諾資料私隱主任撤回閣下的同意意願。如閣下行使你的權利選擇拒絕閣下的個人資料被用於以上任何用途，這代表將來閣下不能從信諾、閣下的保險中介人及/或第三者服務供應商收到任何針對性或特別優惠的直接促銷。

If you do not consent to Cigna using and sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying us, and we will not do so.

You may also subsequently withdraw your consent by writing to Cigna's Data Protection Officer at the above address. If you exercise your right to opt out of the use/share of your personal information for any of the above purposes, it will mean that Cigna, your Insurance Intermediary and/or third party service providers will not be able to send you any direct marketing, targeted or special offers in the future.

信諾不會使用任何未成年人的個人資料作直接促銷之用及/或轉交至任何第三者作直接促銷/業務推廣的用途。

Cigna will not use any personal data of minors for its own direct marketing purposes and/or share the personal data of minors with any third party for its direct marketing/business purposes.

在此個人資料收集聲明發出的日期起，它將成為閣下與信諾或有意與信諾訂定之所有合約、協議、及其他約束性安排之一部份。如有任何有關此個人資料收集聲明的查詢，請致電2560 1990與我們的客戶服務部聯絡。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Cigna. For any enquiries regarding this Personal Information Collection Statement, please contact our Customer Services Hotline at 2560 1990.

發出日期 Release Date : 二零一五年三月 March 2015

此聲明備有中英文版本，如內容有異，以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

如中文譯本之文意與英文有異，則以英文版本為準。

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聲明及授權 Declaration & Authorization

請由受保人簽署，如受保人未滿18歲，則由保單持有人簽署

To be signed by insured. If insured is below 18 years old, please sign by Policyholder

本人(吾等)謹此聲明及同意有關此保險索償申請之作答及陳述，不論載於此表格與否，及不論由本人(吾等)親筆書寫與否，據本人所知及所信，均屬完整及屬實無訛。
I(We) hereby declare and agree that all the answers and statements in this application for claim, whether or not contained in this form and whether or not written by my (our) own hand, are complete and true to the best of my(our) knowledge and belief.

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I(We) hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, enforcement bodies, employer, insurance company or other organization, institution or person, that has any records or knowledge of any records, medical history, or knowledge of the person insured to give to Cigna Worldwide Life Insurance Company Limited and Cigna Worldwide General Insurance Company Limited ("Cigna") and its reinsurers any such information for the purpose of assessing and/or processing this application for claim and any related claims, and subsequent services/customer satisfaction survey. This authorization shall bind all my(our)/policyholder's/the person insured's successors, assignees, executors and administrators and shall remain valid notwithstanding my death or incapacity. A photographic copy of this authorization shall be as valid as the original.

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I (We) agree that Cigna may use and/or disclose my (our) personal information in accordance with Cigna's Personal Information Collection Statement ("Statement") and acknowledge that I (we) have read and understood the Statement.

受保人/保單持有人簽署
Signature of Person Insured/Policyholder

簽署日期
Date Signed

受保人/保單持有人姓名(請以正楷書寫)
Name of Person Insured/Policyholder (in block)

受保人/保單持有人香港身份證號碼
HKID Card No. of Person Insured/Policyholder

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第二部份 — 主診醫生報告 (此欄須由受保人在住院期間之主診醫生填寫，而費用須由受保人負責)

Part II — Attending Physician Statement (To be completed by the insured's attending doctor at the insured's cost)

病人姓名 _____ 香港身份證號碼 _____ 年齡 _____ 性別 _____
Full name of Patient _____ HKID Card No. _____ Age _____ Sex _____

1. 求診資料 Consultation Information

診斷日期 由 _____ 至 _____
Treatment Period from _____ to _____

1.1 病況診斷
Diagnosis of conditions _____

1.2 上述診斷期間曾接受之檢查、治療手術項目及結果：
Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period: _____

2. 有關上述病況之資料 History of Consultation

2.1 在是次求診日期前，病人有否在台端執業之診所診治有關上述病況之紀錄？如有，病人始自何時求診？
Prior to this consultation, did patient first consult you for the related signs and symptoms? And when was the first consultation?
 否 有，第一次求診日期始自 _____
NO YES, the first consultation was since _____

2.2 病人在第一次求診之主要病徵為何？
What sign(s) and symptom(s) was/were the patient aware of at the first consultation? _____

2.3 如上述之徵狀是由意外所導致，
If the sign(s) and symptom(s) mentioned above were caused by an accident,
i) 意外發生日期、時間、地點。
Accident Date _____ (YY/MM/DD) Time _____ Place of the accident happened _____
ii) 請詳述意外是如何發生。
Please give the circumstances of the accident in details _____
iii) 請問傷者在首次求診時，受傷部位有否可見明顯外傷？
Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details. _____

2.4 據病人自述，上述病徵在求診前出現多久？ _____ (年/月/日)
According to the patient, for how long had such symptoms(s) persisted before the first consultation? _____ (YY/MM/DD)

2.5 據你的診治，在第一次求診時，病徵已持續了 _____ (年/月/日)
In your opinion, prior to the first consultation, such symptoms(s) had persisted for _____ (YY/MM/DD)

2.6 病人是否由另一位醫生轉介台端作進一步治療？如是，請列出姓名：
Was the patient referred to you by another doctor for further management? If so, please state name of referral doctor:
 否 有，該醫生為 轉介理由 _____
NO YES, the name of referral doctor is _____ Reason of referral: _____

2.7 就上述病況，病人有否住院？
Was hospitalization required?
 是 住院日 由 _____ 至 _____ 住院原因 _____
YES Hospitalization Period is from _____ to _____ Reason for this hospitalization _____
 否 病人不需要住院接受治療
NO The patient does not require to stay at hospital for treatment

2.8 如有轉介予專科診治，請提供專科醫生之姓名及治療詳情：
If you have recommended the patient for specialists's opinion (other than attending physician), please give specialist name & nature of treatment provided: _____

2.9 在住院期間，病人有否請假外出？ 否 有，請假外出日期 由 _____ 至 _____
During hospitalization period, did the patient have any home leave taken? NO YES, the home leave period is from _____ to _____
原因是 _____
Reason is _____

2.10 請指出上述病況是否與下列情況有關：
Please indicate if the medical condition and its subsequent treatment are associated with the followings:
是 / 否 先天性不正常情況、不育或絕育情況 是 / 否 牙科治療，身體檢查
YES / NO Congenital anomalies, infertility or sterilization YES / NO Dental care or general check up
是 / 否 受酒精或藥物影響 是 / 否 休養、復康、療養或延續護理
YES / NO Under the influence of drugs or alcohol YES / NO Rest cure, rehabilitation, convalescence or extended care
是 / 否 不論在神智清醒與否下之自我損傷或自殺行為 是 / 否 心理或精神病科
YES / NO Self-inflicted injuries or suicidal attempt while sane or insane YES / NO Mental or psychiatric problems
是 / 否 懷孕或由此引發之病況 是 / 否 美容，整形外科手術
YES / NO Pregnancy conditions or any related complications YES / NO Cosmetic or Plastic surgery

醫生簽署 _____ 醫院/醫生蓋印 _____
Signature of Physician _____ Hospital/Physician Stamp _____
醫生姓名 _____ 簽名日期 _____
Physician Name in Block _____ Date Signed _____
診所地址 _____
Clinic Address of Physician _____

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