

Notes for Filing a Claim - Medical Comprehensive Protection Plan (Series 1)

If you need to file a claim¹, please submit a written notice together with relevant supporting documents for the claim item ("Supporting Documents") to Bank of China Group Insurance Company Limited ("BOCG Insurance") within the time frame listed in the table below in order to facilitate processing of the claim by BOCG Insurance.

Insured Items	A. Hospital and Surgical B. Supplementary Major Medical C. Hospital Cash F. Maternity	D. Out-patient (Non-Network Services)	E. Dental	G. Critical Illness
I. Time frame for submitting Written Notice of Claim ²	Within 14 days from the date of the commencement of hospital confinement	Not applicable		Within 14 days from the date of diagnosis of a critical illness
II. Claims Procedure ²				
1. Time frame for submitting Claim Form and Supporting Documents	Within 30 days from the date of discharge from the hospital	Within 90 days from the date of treatment		Within 30 days from the date of diagnosis of a critical illness
2. Required Types of Claim Form ³	Hospitalization and Surgical Claim Form	Out-patient Benefit Claim Form	Dental Claim Form	Critical Illness Claim Form
3. Required Supporting Documents and Receipts	Note : the Insured/Insured Company should bear the expenses for the Supporting Documents (if any)			
3.1. Attending Physician's Statement (Completed, signed and stamped by the attending physician)	✓ (If you are confined in a public hospital, please remember to ask for the original Discharge Slip before you leave)	✓ Original receipt signed by the attending physician (each receipt should have the patient's name, diagnosis, date of treatment and the breakdown of charges)		✓
3.2. Relevant Medical Report	✓ Death Certificate and Coroner's Report (only applicable to Compassionate Death Benefit)	Not applicable	Not applicable	✓
3.3. Original Receipt of Hospital Expenses and breakdown of charges	✓	Not applicable	Not applicable	✓
3.4. Valid Referral Letter from Registered Medical Practitioner	Not applicable	✓ (only applicable to diagnostic x-ray, laboratory tests, specialist consultation (non-surgical), physiotherapy and chiropractor treatment)	Not applicable	Not applicable
3.5. Full Name, Registration Number and Signature of the Chinese Medical Practitioner plus the Original Prescription	Not applicable	✓ (only applicable to Chinese Medical Practitioner)	Not applicable	Not applicable
III. Mailing Address and Enquiry Hotline	BOCG Insurance – Health Insurance Dept 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Tel. No. : (852) 2867 0888 (Office hours: 8:50a.m. to 5:50 p.m., Mondays to Fridays)			

- Remarks :
1. The benefits payable under this policy shall be paid to the Insured /Insured Company or Insured Person or his personal representative and all the benefits payable under this policy shall be in Hong Kong dollar.
 2. Written notice of claim, claim form, relevant Supporting Documents and receipts should be submitted to Health Insurance Department of BOCG Insurance within the time frame as stated above.
 3. Please download the relevant claim form from the website of BOCG Insurance (<http://www.bocgins.com/>).

Notes : The above information is for reference only and the required information for a claim case is subject to the request of BOCG Insurance. The decision of BOCG Insurance shall be final.