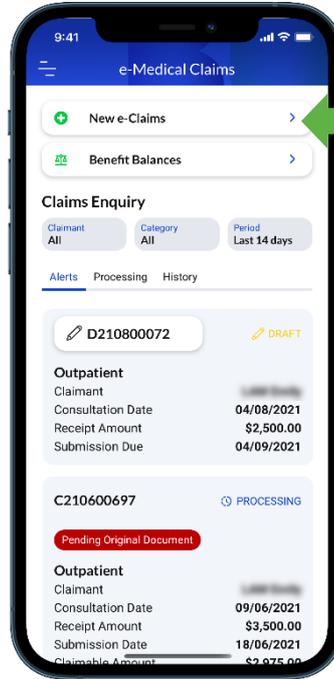


HKBU Mobile e-Medical Claims Enquiry / Submission User Guide

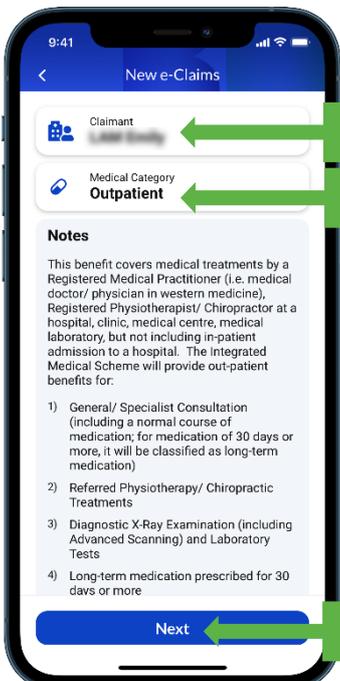
II. New Claims Submission



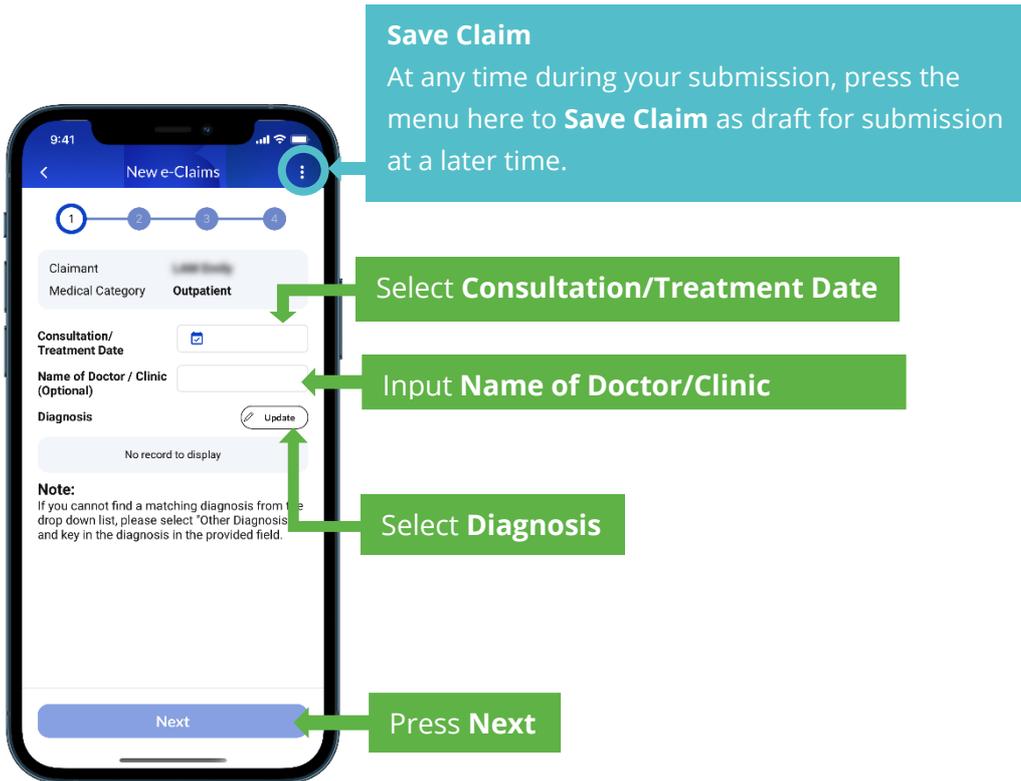
1 Access the **E-MEDICAL CLAIMS** feature.



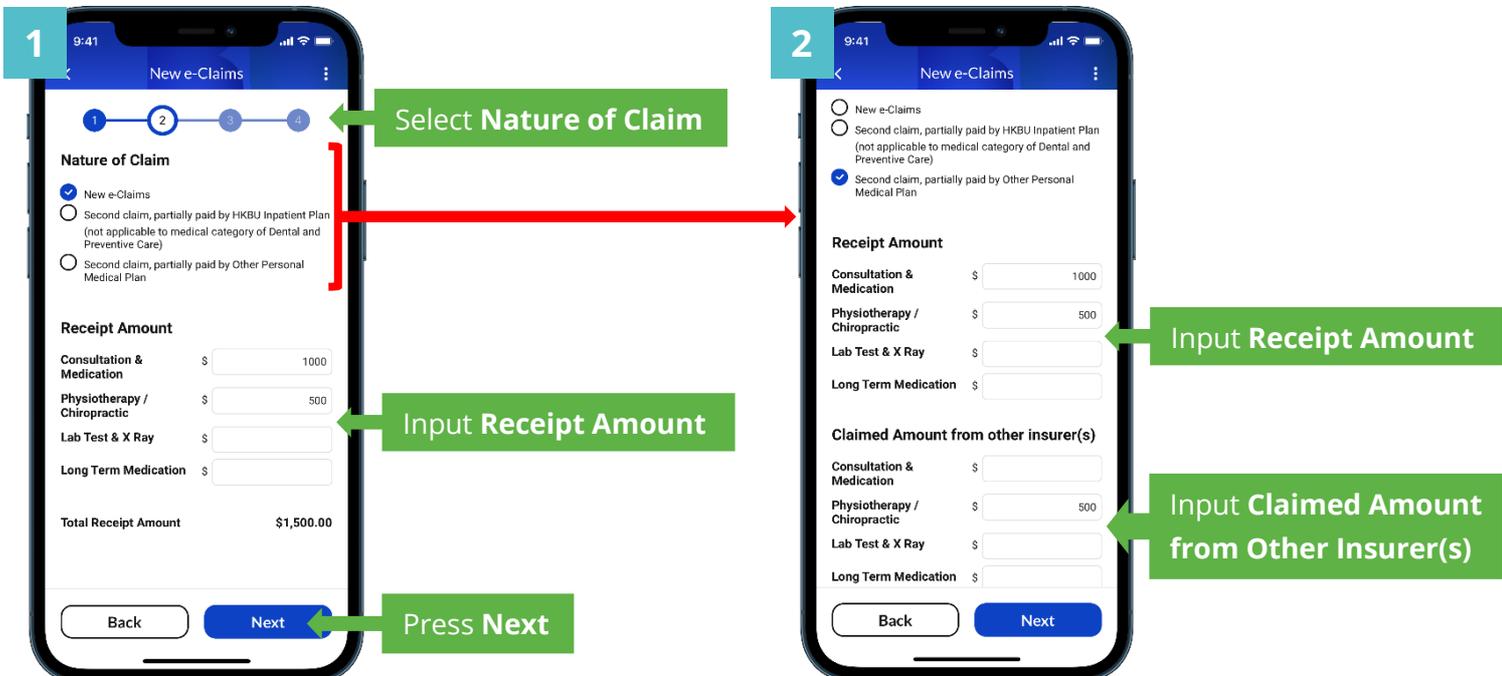
2 Press **New e-Claims** to start a new e-claim submission.



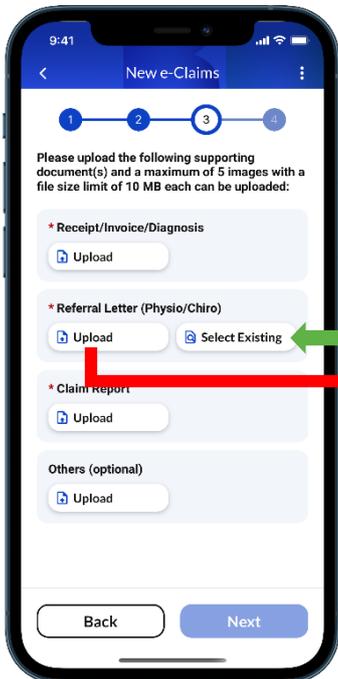
3 Select **Claimant** and **Medical Category**.
Only **ONE** Medical Category can be selected for each claim.



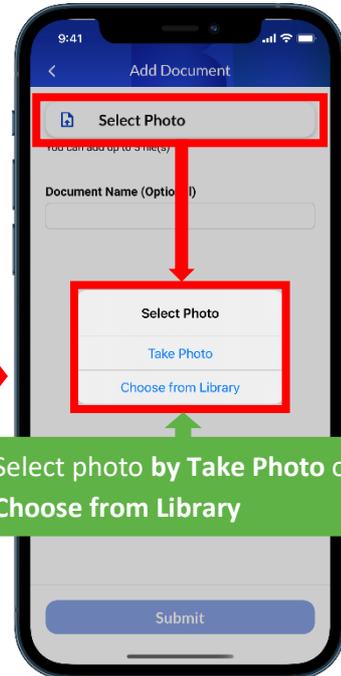
4 Select/Input Consultation/Treatment Date, Name of Doctor/Clinic and Diagnosis. If you do not see an option of diagnosis that fits your consultation, select **Other Diagnosis** and input the diagnosis as written on the medical bill/receipt.



5 (1) Select **Nature of Claim** on the screen, and input the itemized **Receipt Amount**.
(2) If the claim is a second claim from other insurance company (i.e. HKBU Inpatient Plan or Other Personal Medical Plan), you will also need to input the itemized **Claimed Amount from Other Insurer(s)** issued by the other insurer(s).

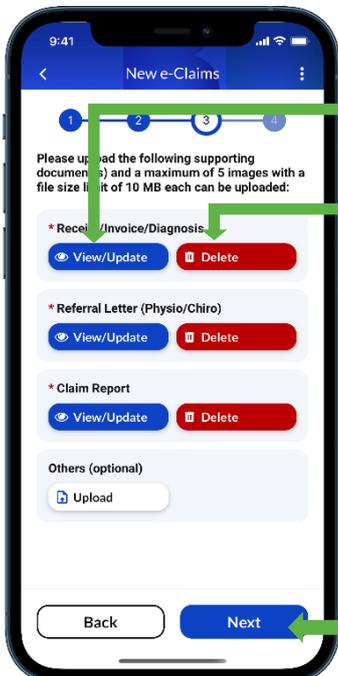


Press Upload or Select Existing



Select photo by Take Photo or Choose from Library

- 6 Press **Upload** or **Select Existing** to upload the required supporting documents.
 If the claim is a second claim from other insurance company, please also provide the payment advice(s) or settlement notice(s) issued by the other insurer(s).



Press here to **view/update** uploaded documents

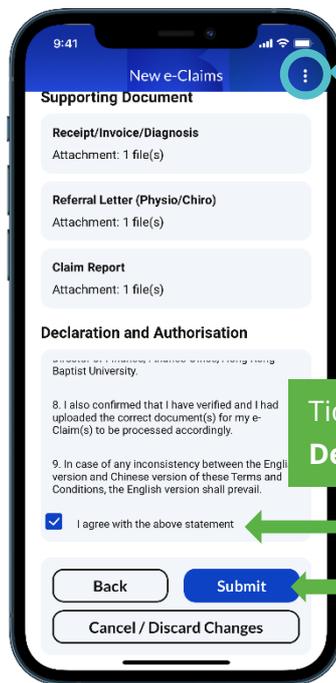
Press here to **delete** uploaded documents

Press **Next**

Press **Next** to confirm and review all the documents that are being uploaded or selected.



7 Review all the information that you have provided throughout the submission.



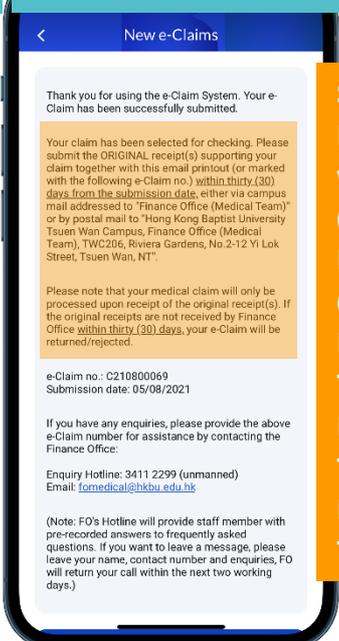
Save Claim

Tick here to agree to the Declaration and Authorisation

Press Submit

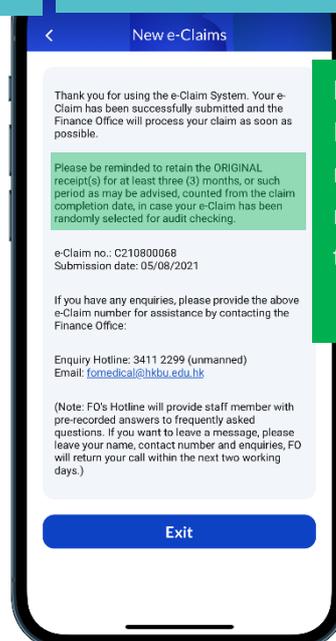
8 Tick the box under **Declaration and Authorisation** to agree with the terms and conditions. Press **Submit** to confirm the submission.

1 [If your claim has been sample selected for checking]



Submit the **ORIGINAL** receipt(s) to FO from the date of submission within 30 days either:
 (i) via Campus Mail addressed to **Finance Office (Medical Team)**, or
 (ii) by postal mail to **Hong Kong Baptist University Tsuen Wan Campus, Finance Office (Medical Team), TWC206, Riviera Gardens, No.2-12 Yi Lok Street, Tsuen Wan, NT**

2 [If no sampled checking needed]



No Action Needed
 Retain ORIGINAL receipt(s) for three months counted from the completion date.

9 Final step after submission.

- (1) If your claim has been sample selected for checking, **submit the ORIGINAL receipt(s) to FO within 30 days** from the date of submission.
- (2) Otherwise, **retain the ORIGINAL receipt(s) for three months** after the claim completed processing. (Counted from the e-Claim completion date)