



HKBU Mobile e-Medical Claims Enquiry / Submission User Guide

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II. New Claims Submission



Access the E-MEDICAL CLAIMS feature.



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





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.

1 9:41 New e-Claims	2 9:41 New e-Claims New e-Claims New e-Claims Second claim, partially paid by HKBU Inpatient Plan (not applicable to medical category of Dental and Preventive Care) Second claim, partially paid by Other Personal Medical Plan
Second addin, partially paid by or Dental and Preventive Care) Oscond elaim, partially paid by Other Personal Receipt Amount Consultation & s 1000 Physiotherapy / s 500 Chiropractic Lab Test & X Ray s	Receipt Amount Consultation & \$ 1000 Medication \$ 500 Physiotherapy / \$ 500 Chiropractic \$ 1000 Lab Test & X Ray \$ 1000 Claimed Amount from other insurer(s) Consultation & \$
Long Term Medication \$ Total Receipt Amount \$1,500.00 Back Next Press Next	Medication 3 Physiotherapy / 5 Chiropractic 5 Lab Test & X Ray 5 Long Term Medication 5 Back Next

(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).

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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
Please up had the following supporting documen s) and a maximum of 5 images with a file size II it of 10 MB each can be uploaded:	Press here to delete
 View/Update Delete * Referral Letter (Physio/Chiro) View/Update Delete 	
* Claim Report	
Others (optional)	
Back Next P	ress Next

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

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9:41	— \$ ان
New e-Claims	
Basic Info	
Claimant Medical Category Outpatient Consultation/ 05/08/2021 Treatment Dat Name of Doctor / Clinic Diagnosis - URI / Cold / Flu / Influenza / Co 偶風 / 混行性感冒	oryza 感冒 /
Claim Amount	
Receipt Amount	
Consultation & Medication	\$1,000.00
Physiotherapy / Chiropractic	\$500.00
Claimed Amount from oth insurer(s)	ner
Physiotherapy / Chiropractic	\$500.00

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



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



Final step after submission.

- 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)