Application for Reimbursement of Medical Expenses

Item A. Must be completed, then other sections as appropriate * Delete as appropriate

A. Name of Patient _____ Contact Phone No.: _____

* Student / Staff No. _____

Referred by UHS Dr. _____

Note : A Fresh Referral is required for each specialty visit / hospital admission.

Specialty of hospitalisation/consultation: * Medicine / Surgery / Orthopaedics / Gynaecology / Obstetrics / Dermatology (skin) / ENT / Eye / Paediatrics / Psychiatry

Other : Specify _____

B. Specialist Consultation

Name of Specialist _____ * Public / Subvented / Private

Reason for Referral _____

Date(s) of consultations(s) claimed _____ (*First consultation / Follow up visit)

Attached Bills / Receipts Total HK$_____

C. Hospitalisation

Name of Hospital _____ * Public / Subvented / Private

Reason for Hospitalisation _____ * Planned / Emergency Admission

Period of Hospitalisation : From _____ to _____ No. of Days _____

Attached Bills / Receipts Total HK$ _____

D. Others (e.g. Ultrasound / X-rays / Scans / Drug)

Name of Items : _____ _____ **(For Drugs, must specify name and quantity)**

Date(s) of Test/Procedure/Purchase _____

Referred by UHS Dr. _____

Referred by Specialist / Hospital Dr. _____

Attached Bills / Receipts Total HK$ _____

Signature _____ Date : _____

All applications should be submitted to University Health Service within 3 months of the procedure.

Please include any detailed information below.