

Restricted (Staff)

**Application for Reimbursement / Direct Payment of Medical Expenses
(except cancer drugs provided by the Hospital Authority)
in accordance with CSB Circular No. 6/2009**

**(Applicants should read CSB Circular No. 6/2009 and
the Notes for Applicants at the end of this application form before completing the form)**

To : Director of Health (Attn : Medical Reimbursement Section, Finance Division)
Unit 1107-1108, 11/F, 248 Queen's Road East, Wan Chai, Hong Kong

Part A : To be completed by the attending Hospital Authority / Department of Health doctor

Name of patient: _____ or place a sticker with particulars of patient here

HKID Card No.: _____

I certify that the patient concerned is not a **private patient**.

(a) Diagnosis: _____

(b) Drugs / equipment / services required and cost / dosage of the items (if available):

(Note: The attending doctor should also fill in the supplementary sheet for Continuous Positive Airway Pressure machines and consumables, if applicable.)

(c) Date / period of the treatment: _____

(Please refer to the attached note on civil service medical benefits and tick the appropriate box(es) below)

I certify that the drugs / equipment / services above are prescribed in accordance with the medical necessity of the patient **AND** are chargeable by the Hospital Authority or not available in the Hospital Authority / Department of Health (see Note 4 on page 2).

I am **unable** to certify because -

the drugs / equipment / services above are NOT prescribed in accordance with the medical necessity of the patient; and / or

the drugs / equipment / services above are available in the Hospital Authority / Department of Health (whether chargeable or not) but the patient purchases them from outside.

Signature: _____

Hospital /
Department
/ Clinic: _____
(with hospital / clinic chop)

Full name of attending
Hospital Authority /
Department of Health
doctor: _____
(in capital letters)

Contact
Tel. No.: _____

Post title: _____

Date: _____

Note for attending Hospital Authority (HA) / Department of Health (DH) doctors on civil service medical benefits

This note sets out the medical benefits available to civil servants, pensioners and other eligible persons (i.e. eligible persons) for the reference of the attending HA / DH doctors in providing the medical certification in **Part A**. Pursuant to the agreement between the Government and HA, the attending HA doctors will provide the medical certification when eligible persons are required to purchase drugs / equipment / services under the policy as set out in CSB Circular No. 6/2009.

1. Eligible persons are eligible for free medical advice and treatment provided by HA.
2. The treatment provided will be dictated by the medical necessity of the case. Every endeavour will be made to give eligible persons the best available medical attendance and treatment, but the medical officer in charge of the case has sole discretion as to the amount and the nature of treatment provided.
3. For the purpose of reimbursement of medical expenses to eligible persons, the attending HA doctors may provide the required certification if the drugs / equipment / services are :-
 - (a) prescribed on medical grounds (excluding lifestyle items that are not required out of the medical necessity of the patient but as a matter of personal convenience or preference, or items not related to treatment of ailment); and
 - (b) without alternative treatment of equivalent efficacy available in HA free of charge; or if such is available, patients do not respond well clinically to the alternative treatment.
4. Purchase of drugs / equipment / services which are available in HA (whether chargeable or not) from outside will **not** be reimbursable. However, the purchase of drugs not covered by HA's standard fees & charges is reimbursable so long as they are prescribed according to the criteria set out in paragraph 3 above. The relevant expenses will be payable / reimbursable by the Government. Diagnostic services such as magnetic resonance imaging (MRI) service, positron emission tomography (PET) service, computerised tomography (CT) scan and ultrasound examination are available in HA. No reimbursement will be made for these diagnostic services purchased outside HA.
5. Medical expenses on drugs / equipment / services arising from the eligible persons consulting an individual HA doctor or a member of the teaching staff of a university as his / her **private patients** will **not** be reimbursable.

Note : This form is also applicable for reimbursement of medical expenses on drugs which form an essential part of the medical treatment to the patient on medical grounds as prescribed by attending doctors of DH's families clinic but such drugs are not available in DH's dispensaries. The attending doctor of DH's families clinics should follow the contents in this Note as appropriate in completing Part A of the application form.

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September 2010

Part B : To be completed by the applicant

(Please tick the appropriate box)

- I wish to apply for reimbursement (please see Note 1)
 direct payment to Hospital Authority (please see Note 2)
 direct payment to suppliers (please see Note 1)

of expenses for the drugs / equipment / services set out below -

(a) Name and cost of the drugs / equipment / services: _____

(b) Name of the Hospital Authority / Department of Health hospital / clinic attended: _____

(c) Particulars of the patient - _____

(i) Name: _____

(ii) HKID Card No.: _____

(iii) Date of birth: _____

(d) I undertake to notify the Director of Health, via the Head of Department (if applicable), in the first instance if, for any reason, the drugs / equipment / services applied for are not used.

(e) I hereby authorise the Director of Health to ask the Hospital Authority / clinics of Department of Health for further information on my or the patient's (if he or she is a dependant of the applicant and is below the age of 18 or a dependant above the age of 18 but with mental infirmity) health condition where the Director considers necessary.

(f) I have read CSB Circular No. 6/2009 and the Notes for Applicants at the end of this form. I understand and accept the terms and conditions governing the grant of reimbursement and / or direct payment of medical expenses set out in the CSB Circular and the Notes for Applicants of this form.

(Only applicants who are pensioners should complete (g). Please tick the appropriate box and see Note 3.)

- (g) I declare that on the date when the medical expenses above are / were incurred, I am / was –
- in receipt of a pension or an annual allowance. In the event that the medical expenses have not yet been incurred and that my pension or an annual allowance has been suspended under the pensions legislation before the medical expenses are incurred, I will immediately notify the Director of Health and will provide such details as may be required.
- not in receipt of a pension or an annual allowance.

I understand that I will be liable to criminal prosecution if I wilfully furnish false or incomplete information in connection with this application.

Signature: _____ Contact telephone / pager: _____

Name of the applicant: _____ Department: _____

HKID Card No.: _____ Date: _____

For pensioners only -

(i) Correspondence address: _____

(ii) E-mail address / Fax (optional): _____

Part C : To be completed by the patient who is a dependant and at the age of 18 or above (except for those with mental infirmity)

I hereby authorise the Department of Health to ask the Hospital Authority / clinics of Department of Health for further information on my health condition where the Director considers necessary.

Signature: _____

Name of the patient: _____ Date: _____

Part D : To be completed by the department (for reimbursement applications submitted by serving officers only)*

(Please tick the appropriate box)

I confirm that the patient is a Government servant
 dependant of a Government servant
eligible for free medical services as defined under CSR 900(3).

Signature: _____ Department: _____

Name of certifying officer: _____ Date: _____

Contact telephone no: _____ Our file ref: _____

Contact fax no: _____ Your file ref: _____

* No need to fill in Part D for direct payment items under the arrangement with the Hospital Authority.

Notes for Applicants

1. Application for reimbursement / direct payment of medical expenses should be made by the Government servant or pensioner. For drugs / equipment / services other than direct payment items to the Hospital Authority (HA), the applicant should **submit the duly completed form together with original itemised bill / receipt(s) via the Head of Department, if applicable, to the Director of Health for processing.** For application in respect of expenses on drugs purchased outside the HA, the applicant should attach the prescription issued by the attending HA doctor to the form as well. For medical equipment, unless prescribed by the attending HA doctor as per Note 4 below, only the costs of the basic model will be reimbursable. The applicant may request the Government to pay for the expenses to an outside supplier direct or pay for them first and seek reimbursement subsequently. The applicant should secure the acceptance of such arrangement from the supplier before submitting the application to the Department of Health for direct payment of expenses. If the application is rejected by the Director of Health or the amount approved is less than the actual amount incurred, it is the responsibility of the applicant to settle the remaining sum with the outside supplier.
2. Direct payment items under the arrangement with the HA include: (a) percutaneous transluminal coronary angioplasty (PTCA) procedures; (b) intraocular lens operation; (c) non-PTCA consumables for interventional cardiology; (d) positron emission tomography (PET) service; and (e) cancer drugs provided by HA. For items (a) to (d), the applicant should arrange for completion of Parts B-C, and give the duly completed form to the attending HA doctor who will complete Part A and forward the form to the Accounts Office of the hospital / clinic concerned for processing. **For item (e), this form is not applicable. The applicant should complete the application form for direct payment of medical expenses on cancer drugs provided by the Hospital Authority which was promulgated via CSB Circular No. 6/2009.**
3. Applicants who are pensioners but **not** covered by the Medical and Dental Benefits Eligibility Checking System (i.e. pensioners without Hong Kong Identity cards) should also attach a valid Try. 447 (revised 2008) to the application form as a proof of the patient's eligibility for civil service medical benefits.
4. Drugs / equipment / services must fulfil the following criteria for reimbursement / direct payment:
 - (a) They are prescribed on medical grounds (excluding lifestyle items that are not required out of the medical necessity of the patient but as a matter of personal convenience or preference, or items not related to treatment of ailment); and
 - (b) There is no alternative treatment of equivalent efficacy available in HA free of charge; or if such is available, patients do not respond well clinically to the alternative treatment.In accordance with Civil Service Regulations and Civil Service Bureau Circular, the attending HA / Department of Health doctor of the case has sole discretion as to the amount and the nature of treatment provided, having regard to the medical necessity of the case.
5. Applicants should note in particular that the reimbursement arrangement / direct payment arrangement does NOT apply to the following situations -
 - (a) the purchase of drugs / equipment / services from outside if the items are **available in HA** (whether chargeable or not);
 - (b) the eligible persons seek medical treatment from private facilities or procure medicines from private dispensaries on their own accord, **even in cases of emergency**; or
 - (c) the eligible persons consult an individual HA doctor or a member of the teaching staff of a university, and obtain drugs / equipment / services as his / her **private patients**.

6. Regarding paragraph 5(a) above, the purchase of drugs not covered by HA's standard fees and charges is reimbursable so long as they are prescribed according to the criteria set out in paragraph 4 above. The relevant expenses will be payable / reimbursable by the Government.
7. Private service described in paragraph 5(c) above falls outside the scope of civil service medical benefits and accordingly, medical expenses arising from the patronage of private service are not reimbursable.
8. Any reimbursement and / or direct payment of medical expenses is granted to the applicant on condition that any overpayment to him / her are recoverable in full as a debt with interest (as appropriate) and all costs and expenses incurred in recovering such debt and interest from him / her. In consideration of the Government granting to him / her the reimbursement and / or direct payment of medical expenses, he or she charges in favour of the Government all salaries, pensions, gratuities, allowances, benefits (including reimbursement for expenses already incurred) and any other monies payable or due to him / her or his / her estate from the Government (collectively, "Salaries and Pensions") and accrued benefits derived from voluntary contributions under any provident fund scheme ("Accrued Benefits") as security for payment or repayment of all sums (including interest, costs and expenses incurred in recovery, if any) payable or due to the Government arising from or incidental to the reimbursement and / or direct payment of medical expenses (collectively, "Indebtedness"). The Government shall deduct at such times at its own absolute discretion as it deems fit from his / her Salaries and Pensions in all circumstances including, but not limited to, where he or she becomes insolvent until the Indebtedness is fully recovered. Until the Indebtedness is fully recovered the Government is a secured creditor and has a charge on his / her Salaries and Pensions and Accrued Benefits for repayment of the Indebtedness. In applying for and on receipt of the reimbursement of medical expenses and / or upon direct payment being made by the Government, as the case may be, the applicant accepts in full the terms and conditions above.
9.
 - (a) The information provided will be used for processing of application for reimbursement / direct payment of medical expenses by the Department of Health in accordance with Civil Service Regulations and / or Civil Service Bureau Circulars. It may be transferred to other Government bureaux and departments and related persons and organisations (including HA) for the administration and provision of civil service medical benefits and related purposes.
 - (b) It will not be possible to process the application if the applicant fails to provide all the information required. Please ensure that the information provided is accurate. Obtaining benefits for oneself or another by furnishing false information may constitute a criminal offence.
 - (c) Data subjects may request for access to or correction of personal data provided on this form in accordance with the provisions of the Personal Data (Privacy) Ordinance. Such requests may be made in writing to the Director of Health (Attn. : Finance Division).
10. For enquiries about this application, please contact the Departmental Secretary. If the Departmental Secretary is in doubt, he / she should approach the Conditions of Service Division of the Civil Service Bureau. For enquiries about the processing of applications and related payment and accounting arrangements, please contact the Medical Reimbursement Section, Finance Division of the Department of Health at 2961 8612, 2961 8445 or 2961 8656.
11. For pensioners, they may contact the Pensioner Services Unit of the Civil Service Bureau at 2810 3850 or the Treasury Pensions Enquiry Office at 2829 5113 or 2829 5114.

Civil Service Bureau
September 2010

<p>Hospital Authority</p> <p>Hospital</p>

<p><i>Patient's Identification</i></p>

CPAP Machines / Consumables Reimbursement Form
 (Supplementary form for CPAP Machines / Consumables Only)

Diagnosis Obstructive Sleep Apnoea
 Others (specify _____)

Equipment Basic CPAP machine
 Basic consumables Mask
 Tubing
 Filter
 Headgear / straps for fixing mask
 Humidifier
 Other non-basic items (including machine and consumables). Please specify the item(s) with model no, if any.

Specify _____ Justification _____

Specify _____ Justification _____

Specify _____ Justification _____

I hereby certify that the ticked items are prescribed in accordance with the medical necessity of the patient.

Signature: _____ Department: _____

Name of attending Hospital Authority doctor : _____ Date: _____

Please tick the appropriate box(es)