Salient Points for Completion of Application FORM B

Application for Reimbursement / Direct Payment of Medical Expenses (except drugs provided by the Hospital Authority)

Applicants should read carefully the “Notes for Applicants” attached to application FORM B before completing the form.

2. The application FORM B should be used for applying for–

   (i) direct payment of medical expenses for specified equipment/services provided by Hospital Authority (HA);

   (ii) reimbursement of medical expenses for other chargeable equipment/services provided by/through HA; and

   (iii) reimbursement of medical expenses for drugs/equipment/services not available at HA.

   (i) Direct payment of medical expenses from Department of Health (DH) for specified equipment/services provided by HA

3. The following equipment / services provided by HA are covered under the direct payment arrangement:

   (a) percutaneous transluminal coronary angioplasty (PTCA) cases;
   (b) intraocular lens procedures;
   (c) non-PTCA consumables for interventional cardiology; and
   (d) positron emission tomography (PET) service.

4. Some salient points for completing application FORM B for applying for direct payment for the above are highlighted below for civil service eligible persons (CSEPs)’ attention:

   (a) CSEPs are advised to submit FORM B (after completing Part B, and Part C if applicable) to the Medical Records Office of the relevant HA hospital.

   (b) HA will arrange for the attending doctor to provide medical certification by completing Part A of FORM B if the
equipment / services\(^1\) forming an essential part of the medical treatment are:

(i) prescribed on medical grounds. The following will not be covered –

- lifestyle items that are not prescribed on the basis of medical necessity but rather as a matter of personal convenience or preference, or

- items not related to treatment of ailment;

and

(ii) without alternative treatment of equivalent efficacy available in HA free of charge; or if such is available, the CSEP does not respond well clinically to the alternative treatment.

(c) Depending on the practice of individual HA clusters, CSEPs may be requested to file another HA form for requesting medical records/information together with FORM B for seeking HA doctor’s medical certification. If so, CSEPs will be provided with the form by the attending HA facility’s Medical Records Office.

5. The CSEPs, before the submission of the application forms to DH, should ensure that the attending HA doctor has ticked \textit{both of the appropriate boxes} in Part A of FORM B to confirm that (a) the equipment/services\(^2\) are prescribed in accordance with the medical necessity of the CSEP; \textbf{AND} (b) the equipment/services are chargeable by HA or not available in HA. Otherwise, the processing time for the application forms without appropriate ticks will be affected, and the application may not be approved.

6. Part B of FORM B should be completed by the civil servant or pensioner. Part C of FORM B should be completed by a CSEP who is a dependant and aged 18 or above. If the patient concerned is a civil servant or pensioner, Part C should be left blank. There is no need for the applicant to complete Part D of FORM B for direct payment for items (a) to (d) in paragraph 3.

\(^1\) The criteria set out in paragraph 4(b) and 5 are applicable to cases where HA/DH doctors provide medical certification for CSEPs to claim for reimbursement on medical expenses on drugs.

\(^2\) See Footnote 1.
(ii) Reimbursement of medical expenses for other chargeable equipment/services provided by/through HA, and

(iii) Reimbursement of medical expenses for drugs/equipment/services not available at HA

7. Please make reference to paragraphs 4 to 6 above for completing Parts A to C of FORM B. Serving officers should submit FORM B together with supporting documents to the bureau/department to which he/she belongs for completion of Part D of FORM B. The bureau/department should arrange to deliver the whole set of documents to DH for processing. Pensioners should leave Part D blank and submit the application FORM B (with Parts A to C duly completed) together with supporting documents to DH direct.

8. Direct payment may be exceptionally arranged for equipment/services provided by an outside supplier, subject to the outside supplier’s agreement and medical certification from the attending HA doctor that the item is prescribed on medical grounds. For such an application, FORM B should likewise be used. If an application is rejected by DH or the amount approved is less than the actual amount incurred, the applicant will be responsible for settling any outstanding sum with the outside supplier direct.

Civil Service Bureau
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