

FORM B**Application for Reimbursement / Direct Payment of Medical Expenses****(except drugs provided by the Hospital Authority)****in accordance with CSB Circular No. 2/2013***(Applicants should read CSB Circular No. 2/2013 and the Notes for Applicants at the end of this application form before completing the form)***IMPORTANT NOTES:**

- (1) Applicants will not be reimbursed expenses on drugs which are available in the pharmacy of the attending Hospital Authority facility; or for expenses on equipment / services available in the Hospital Authority.
- (2) 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 Department of Health's clinics but such drugs are not available in the pharmacy of the attending Department of Health's clinic. The attending Department of Health doctors should follow the contents in the Note on Page 3 as appropriate in completing Part A of the application form.

To : Director of Health (Attn : Medical Reimbursement Section, Finance and Supplies 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 doctor

Name of patient: _____ or affix label with particulars of patient here

HKID Card No.: _____

Please tick one:

- I certify that the patient concerned **is** a **private patient**. (If this box is ticked, please proceed to (d) below)
- 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, i.e. FORM B(1), if applicable.)

(c) Date / period of the treatment: _____

Part A to be continued on Page 2

Part A (cont'd) : To be completed by the attending Hospital Authority doctor

(Please refer to the attached note and tick as appropriate:)

I certify that *(please tick both boxes for a fully supported application)*

- the drugs / equipment / services above are prescribed in accordance with the medical necessity of the patient

AND

- the drugs / equipment / services are either chargeable by or not available in the Hospital Authority (see Note 4 on Page 3).

I am unable to certify because *(please tick one or more below) :-*

- 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 (whether chargeable by HA or not) but the patient intends to purchase / has already purchased them from outside.

(d) Doctor's particulars :

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

Full name of attending
Hospital Authority /
doctor: _____ Contact
Tel. No.: _____
(in capital letters)

Post title: _____ Date: _____

**Note for attending Hospital Authority (HA) doctors ^{Remark}
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 doctors in providing the medical certification in **Part A**. Pursuant to the agreement between the Government and HA, the attending HA doctors will provide medical certification when eligible persons are required to purchase drugs / equipment / services under the prevailing Government policy as set out in Civil Service Bureau Circular No. 2/2013.

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. **Doctors are reminded that drugs / equipment / services should be made available to an eligible person within the HA system. The attending doctor should not recommend that the eligible person procure items from outside HA unless the drug is not available from the attending HA facility, or in the case of services and equipment, not available within HA (i.e. not available in any HA hospital, including in other clusters).**
4. 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 forming an essential part of the medical treatment are :
 - (a) 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
 - (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.
5. Purchase from outside of equipment / services which are available in HA or drugs which are available in the pharmacy of the attending HA hospital or HA clinic (including items chargeable by HA) will **not** be reimbursable. Diagnostic services such as magnetic resonance imaging (MRI) service, computerised tomography (CT) scan, ultrasound examination and positron emission tomography (PET) service are available in HA. No reimbursement will be made for these diagnostic services purchased outside HA.
6. Medical expenses on drugs / equipment / services arising from an eligible person consulting an individual HA doctor or a member of the teaching staff of a university as his / her **private patient** will **not** be reimbursable.

Remark: The attending doctor of Department of Health's clinics should follow the contents in this Note as appropriate in completing Part A of the application form.

Part B : To be completed by the applicant

(Please tick the appropriate box)

- I wish to apply for reimbursement (please see Note 1 on Page 6)
- direct payment from Department of Health to Hospital Authority (please see Note 2 on Page 6)
- direct payment from Department of Health to suppliers (please see Note 1(d) on Page 6)

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 confirm that the drugs / equipment / services listed in (a) above have been received.

(e) I hereby authorise the Department 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 aged 18 or above but with mental infirmity) health condition where the Director considers necessary.

(f) I have read CSB Circular No. 2/2013 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.

[(g) below is only applicable to pensioners]

(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 Department of Health and will provide such details as may be required.

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 no.: _____

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 aged 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 applicant's bureau/department (for reimbursement applications submitted by serving officers only)

[Remarks: Serving officers are not required to submit this form to their bureau/department for filling Part D if they apply for items under the direct payment arrangement from Department of Health to Hospital Authority (see Notes 2 and 3 on Page 6).]

I confirm that the patient is a Government servant
 a dependant of a Government servant
 others (please specify: _____)

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: _____

Notes for Applicants

1. (a) Application for reimbursement / direct payment of medical expenses should be made by the Government servant or pensioner.
 - (b) For reimbursement for medical expenses on drugs / equipment / services, the applicant should **submit the duly completed FORM B together with the ORIGINAL itemised bill / receipt(s) to the Director of Health for processing.** For serving officers, their applications should be submitted through their bureau / department after completion of Part D of FORM B.
 - (c) For applications in respect of expenses on **drugs purchased outside HA,** the applicant **must also attach a photocopy of the prescription** issued by the attending HA doctor to FORM B.
 - (d) For medical equipment, unless prescribed by the attending HA doctor as per Note 5 below that a specific or a more sophisticated model of the equipment is required, only the cost 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 Department 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.
 - (e) The steps for applying for direct payment or reimbursement using this form (i.e. FORM B) are shown at **Annex.**
2. This form (i.e. FORM B) is applicable for the following direct payment items under the arrangement with HA:
 - (a) percutaneous transluminal coronary angioplasty (PTCA) procedures;
 - (b) intraocular lens operation;
 - (c) non-PTCA consumables for interventional cardiology; and
 - (d) positron emission tomography (PET) service

For bone marrow transplant cases, as the treatment process may be lengthy and deposit payment is required to be paid to HA, CSEPs should apply to DH for prior approval for waiving deposit payment by submitting this application form together with the quotations as soon as available. This form is not applicable for direct payment of medical expenses on drugs provided by the attending HA facility. Applicants should use FORM A instead.

3. For items (a) to (d) in Note 2 above, the applicant should complete Parts B-C, and present the partially completed FORM B via the Medical Records Office of the relevant HA hospital to the attending HA doctor who will complete Part A. For direct payment for procuring HA items, the applicant should forward the form to the Shroff Office of the hospital / clinic concerned for processing. Completion of Part D is not required for application for direct payment.
4. Applicants who are pensioners but **not** covered by the Medical and Dental Benefits Eligibility Checking System (e.g. pensioners without Hong Kong Identity cards) should also attach a valid Try. 447 to the application FORM B as a proof of the patient's eligibility for civil service medical benefits.

5. Drugs / equipment / services forming an essential part of the medical treatment must fulfil the following criteria for reimbursement / direct payment:

(a) they are 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

(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 No. 2/2013, the attending HA / Department of Health doctor has sole discretion as to the amount and the nature of treatment provided, having regard to the medical necessity of the case.

6. Applicants should note in particular that the reimbursement arrangement / direct payment arrangement does **NOT** apply in the following situations -

- (a) the drugs / equipment / services are not prescribed on medical grounds (e.g. lifestyle drugs);
- (b) the drugs procured from outside are available at the pharmacy of the attending HA facility (regardless of whether the drugs are chargeable by HA), **even in cases of emergency**;
- (c) the equipment / services procured from outside are available in HA (regardless of whether the equipment/services are chargeable by HA), **even in cases of emergency and irrespective of whether the attending doctor has provided medical certification**;
- (d) drugs / equipment / services are procured from private facilities on the civil service eligible person (CSEP)'s own accord, **even in cases of emergency**; and/or
- (e) medical consultation, drugs, equipment and/or services pursuant to a consultation with an individual HA doctor or a member of the teaching staff of a university in the CSEP's capacity as the attending doctor's **private patient, even in cases of emergency**.

7. Private service described in paragraph 6(e) 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 Hospital Authority) 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.: Medical Reimbursement Section, Finance and Supplies Division).
10. For enquiries, please contact the Departmental Secretary, who should approach the Medical Reimbursement Section, Finance and Supplies Division of the Department of Health (at 3107 3415 or 3107 3417; or by email at sco_mr@dh.gov.hk for enquiries) about the processing of applications and related payment and accounting arrangements. If Departmental Secretaries have other enquiries, they may contact the Conditions of Service Division of the Civil Service Bureau. Pensioners who require application forms may contact the Pensioner Services Unit of this bureau by phone (at 2810 3850) or by email (csbpen@csb.gov.hk).

FORM B(1)

Hospital Authority Hospital
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<i>Patient's Identification (or affix a label with particulars of patient here)</i>
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**Continuous Positive Airway Pressure (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: _____ Hospital / Department / Clinic: _____

Name of attending Hospital
Authority doctor : _____ Date: _____

Please **tick** the appropriate box(es)

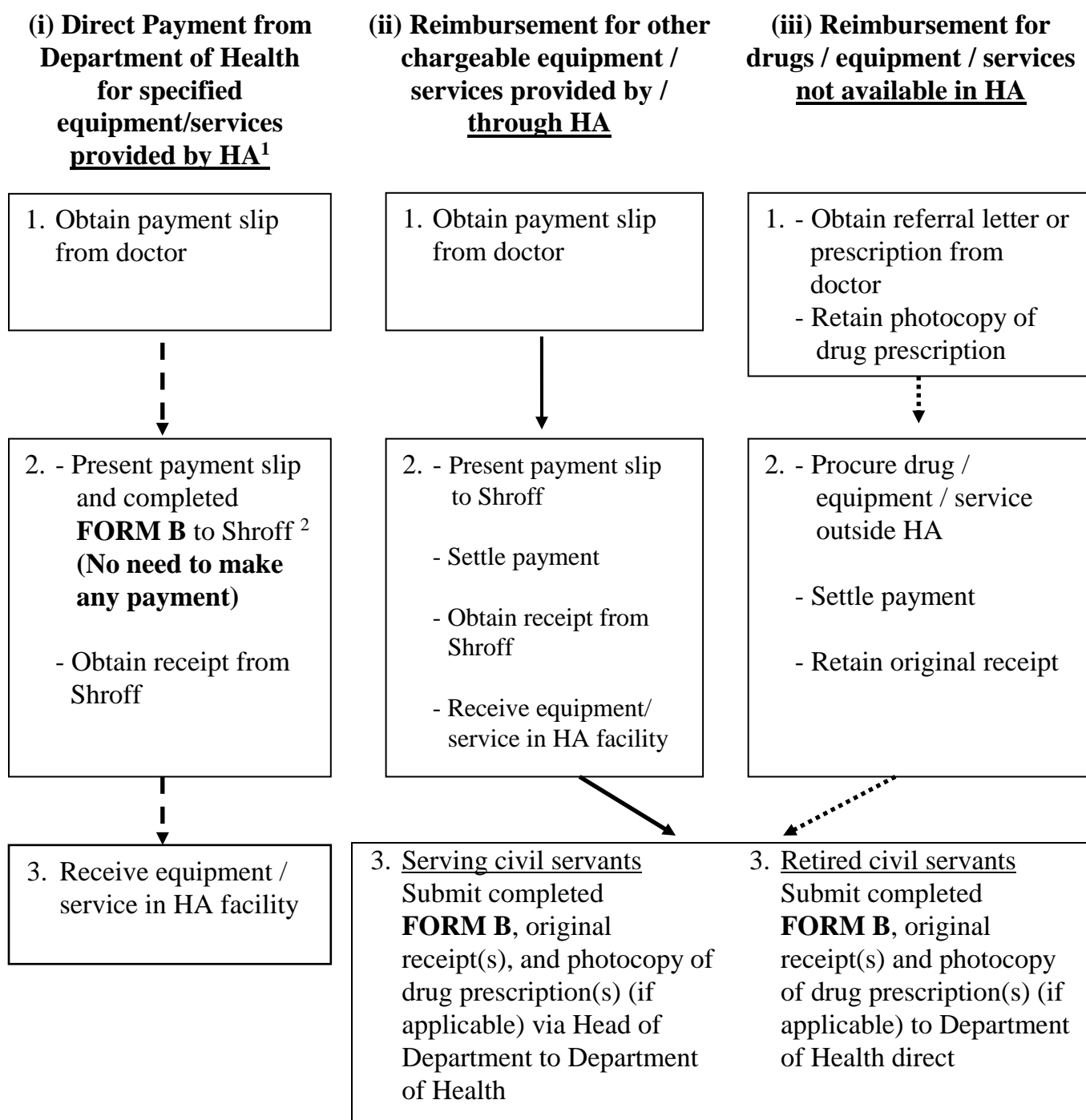
Notes on reimbursement arrangement for Continuous Positive Airway Pressure (CPAP) machines

Under the existing policy, unless the attending Hospital Authority (HA) doctor has certified that a specific or a more sophisticated model of CPAP machines is required, only the costs of the **basic model** of CPAP machines will be reimbursable. We have been advised by HA that the basic models of CPAP machines will cater for the medical needs of the vast majority of Obstructive Sleep Apnoea patients. Taking into account the prices of various basic models of CPAP machines available in the market, reimbursement of the basic model of a CPAP machine will be subject to a maximum rate of \$5,800. The rate will be reviewed regularly, any updated rate will be promulgated by circular memorandum or memo to bureaux and departments for general information. The maximum rate is **NOT** applicable to a case where the attending HA doctor has certified that a specific or a more sophisticated model of CPAP machine is required by the civil service eligible person (CSEP) on medical grounds. In other words, reimbursement of the relevant expenses under such cases will not be subject to the maximum rate.

2. We note from information provided by suppliers that CPAP machines generally have an estimated life cycle of around four years. On this basis, we consider it appropriate and reasonable to adopt a four-year replacement cycle as a reference in processing reimbursement applications. CSEPs are advised to take this into account in selecting CPAP machines and to exercise care in the daily use of the machine to minimise the chance of premature wear and tear. If a replacement of the old CPAP machine is needed, the CSEP has to provide **a supplier letter** certifying that the old CPAP machine is beyond economical repairs. The reference replacement cycle of four years does **NOT** prohibit replacement of CPAP machines within four years if the attending HA doctor has certified that the replacement is necessary for medical treatment.

3. CPAP consumables that are certified by the attending HA doctor to be required on medical grounds are also reimbursable. Unless the attending doctor has certified that a specific or a more sophisticated model of CPAP machines is required, only the costs of the consumables used for the basic model of CPAP machines will be considered for reimbursement.

**Application for Direct Payment / Reimbursement of Medical Expenses
(Except Drugs Provided by the Hospital Authority (HA))**



Notes:

- Copy of FORM B is attached to CSB Circular No. 2/2013, and is also available at CSB's website (<http://www.csb.gov.hk/english/admin/benefits/64.html>). A limited supply of forms is also available from the shroff of major HA hospitals.
- Please submit FORM B through the Medical Records Office at the HA hospital for the attending doctor's assistance in completing Part A therein as necessary.

¹ Including (a) percutaneous transluminal coronary angioplasty (PTCA) procedures; (b) intraocular lens operation; (c) non-PTCA consumables for interventional cardiology; and (d) positron emission tomography (PET) service.

² Civil service eligible persons should submit FORM B to Shroff before the equipment / service is provided, unless otherwise advised by the attending HA facility concerned.