

FOR OFFICE USE

Date Received:

**The Chinese University of Hong Kong**  
**Student Medical Expense Reimbursement Application**  
**香港中文大學學生醫療費用索償表**

Please complete in block letters and return to:  
 Health Education Unit, LG/F, University Health Service, The Chinese University of Hong Kong

請用正楷填寫及交回：  
 香港中文大學保健處低層健康教育組

Points to be noted:

1. It is essential that the information you provide is complete and accurate.
2. Please attach the **original receipt(s)** showing the date of consultation/service and diagnosis.
3. Application should be made within 180 days from the date of service.

注意事項:

1. 資料必須齊全準確，以便盡快完成處理。
2. 請附上列明接受診治病症及日期之**正本收據**。
3. 請於接受治療後一百八十天內向保健處呈交申請表。

\* Please tick as appropriate 請於適當空格內填上“√”

<b>PERSONAL INFORMATION 個人資料</b>	
Name of Applicant 申請人姓名	Student Number 學生號碼
Contact Tel No / Mobile 電話號碼/手提電話	Email Address 電郵地址
Program Type 課程種類 * <input type="checkbox"/> Undergraduate Student 本科生 <input type="checkbox"/> Postgraduate Student 研究生	Faculty 學系
Name of the Bank to be Credited 收款銀行名稱	HK\$ Bank Account Number to be Credited 收款港元銀行帳戶號碼
<b>REFERRAL INFORMATION 轉介資料</b>	
UHS Referring Doctor 保健處轉介醫生:	
Date of Referral 轉介日期:	
Name of Medical Consultant (Psychiatry) 專科醫生姓名(精神科):	
Total Charges 共銀: HK\$	
Other Information 其他資料:	
<b>DECLARATION 聲明</b>	<b>FOR OFFICE USE 部門專用</b>
<p>To the best of my knowledge, all the above particulars are true. I authorize the medical information in relation to this claim to be used by University Health Service, Finance Office of the University and other relevant parties, if necessary, for verification and reimbursement purpose. I declare the reimbursement of expenses under this claim received from other source, if any, have been reported herewith.</p> <p>以上填報之資料俱屬確實無誤。本人同意將有關本人之臨床資訊/申請醫療款項退還手續所需之文件給予香港中文大學保健處、財務處及其他有關單位(如有需要)作核實、退還手續及其他相關用途。本人聲明在此已申報(如有)從其他途徑索償有關款項之資料。</p> <p>Student Signature 學生簽署</p> <p>Date (dd/mm/yy) 日期</p>	