
**HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
PERSONAL HEALTH CARE PROGRAM
MEDICAL EXAMINATION PLANS**

To make available more advantageous deals for our Members, we have implemented with effect from 1 October 2019 a Medical Examination Plan with the following Provider:

Medical Examination Plan:

- ◆ **UCMG Management Limited (UCMG)**

Who May Enrol

Members and/or their family members, including Spouse, Children and Parents or Parents-in-law may participate.

How To Enrol

To enrol in the plans, please select the Provider and complete and return the attached Enrolment Form with a cheque for the total amount of Fee/Charges. You will be issued a Medical Examination Certificate for the services.

How To Use the Services

Member may call the Service Provider directly to arrange an appointment before visiting the Medical Examination Laboratory.

Other Treatment/Examinations

The Providers have also offered other treatments or examinations not covered by the Program at preferential discounted rates. Please check with the Provider for details.

Enquiry

If you have any question, please contact Ms Estella Cheng / Mr Kent Leung of Insuright Employee Benefits Ltd at

Room 503 - 506 Alliance Building, 130 -136 Connaught Road Central, Hong Kong

Tel: 2541 1300 / 3443 9891

Fax: 3443 9889

Email: estella.cheng@insubest.com.hk / kent.leung@insubest.com.hk

MEDICAL EXAMINATION PLAN

Charge Per Person:		Basic Plan	Extended Plan
		HK\$860	HK\$2,100
Physical Examination 一般檢查及病歷		√	√
Blood Tests 血液檢驗			
	Complete Blood Count 血常規	√	√
	Blood Grouping (Rh Factor) 血型及 Rh 因子		√
	VDRL 梅毒測試		√
	Glucose 血糖	√	√
	Uric Acid 尿酸	√	√
	TSH 促甲狀腺激素		√
Lipids Profile 血脂普查			
	Cholesterol, total 總膽固醇	√	√
	HDL-Cholesterol 高密度膽固醇		√
	LDL-Cholesterol 低密度膽固醇		√
	Triglycerides 三酸甘油脂		√
Renal Function 腎功能			
	Urea 尿素		√
	Chloride 氯		√
	Sodium 鈉		√
	Potassium 鉀		√
	Creatinine 肌酸酐	√	√
Liver Function 肝功能			
	Bilirubin, total 總膽紅素		√
	Alkaline Phosphatase 鹼性磷酸酶	√	√
	SGOT 谷草轉氨酶	√	√
	SGPT 谷丙轉氨酶	√	√
	Total Protein 總蛋白		√
	Albumin 白蛋白		√
	Globulins 球蛋白		√
	Gamma GT 丙種谷氨酸轉		√
Hepatitis A Screening 甲型肝炎檢查	Hepatitis A virus antibody (HAV –Ab) 總甲型肝炎抗體		√
Hepatitis B Screening 乙型肝炎檢查	HBsAg 乙型肝炎抗原		√
	HBsAb 乙型肝炎抗體		√
Others 其他			
	Urinalysis 小便常規	√	√
	Stool Routine and Occult Blood 大便驗蟲, 大便隱血		√
	Chest X-ray X 光肺片	√	√
	Lung Function Test Vitalograph 肺功能		√
	Resting Electrocardiogram (ECG) 心電圖	√	√
Medical Report 驗身報告		√	√

Examination Centre (Please make appointment before visit 必須預約)

Hercules Medical Diagnostic & Laboratory Group Limited 冠天醫學診斷及化驗集團有限公司

Appointment Hotline 預約電話 : 2893 2819

Sutie 1611-12, 16/F Hang Lung Centre, 2-20 Paterson Street, Causeway Bay, Hong Kong

香港銅鑼灣百德新街2-20號恆隆中心16樓1611-12室

Mon to Fri: 9:00am to 1:00pm ; 2:00pm to 6:00pm

Hercules Medical Diagnostic & Laboratory Group Limited 冠天醫學診斷及化驗集團有限公司

Appointment Hotline 預約電話 : 3523 1151

Room 913A, 9/F, Champion Building 301-309 Nathan Road, Jordan, Kowloon (Jordan MTR)

九龍佐敦彌敦道301-309號嘉賓大廈9樓913A室

Mon to Fri: 9:00am to 1:00pm ; 2:00pm to 6:00pm

**HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
PERSONAL HEALTH CARE PROGRAM
MEDICAL EXAMINATION PLAN
ENROLLMENT FORM**

Name of Member: _____ Membership No: _____

Address: _____

Contact Tel: _____ Fax: _____ Email: _____

Effective Date (1st day of the calendar month) : 01 / / (dd/mm/yyyy)

DETAILS OF COVERED PERSONS

Please choose Provider by Checking the Box Below

Name (same as HKID card)	Date of Birth (dd/mm/yyyy)	Relationship	Sex (M/F)	HKID No.	BASIC EXAM HK\$860	EXTD EXAM HK\$2,100
					<input type="checkbox"/> UCMG	<input type="checkbox"/> UCMG
					<input type="checkbox"/> UCMG	<input type="checkbox"/> UCMG
					<input type="checkbox"/> UCMG	<input type="checkbox"/> UCMG
Total					HK\$	HK\$

TOTAL FOR PROGRAM: HK\$ _____

Payment Method

Please send the enrolment form with a cheque for the total amount make payable to **“Insuright Employee Benefits Ltd.”** to

Insuright Employee Benefits Ltd
Room 503-6, Alliance Building, 130-136 Connaught Road C., Hong Kong
Attention : Ms. Estella Cheng
Tel: 2541 1300, 3443 9891 Fax: 3443 9889 Email: ireb@insubest.com.hk

Declaration and Authorization

I confirm that I have read and understood the Insuright's Personal Information Collection Statement (“Insuright PIC”). On behalf of myself and my covered dependents (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependents (if any) or my/our policy(ies) or investments contained in this enrollment form or collected, obtained, compiled or held by Insuright by any means from time to time may be collected and utilized in accordance with the Insuright PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependents, if any) outside of Hong Kong SAR for the purposes and to the types of transferee as set out in the Insuright PIC.

The updated version of Insuright PIC is available for download from its website: www.insuright.com.hk, and is made available upon request.

Remarks : “Insuright” refers to Insuright Employee Benefits Ltd

Signature of Member

Date :

 **Insuright Brokers**
保宜保險經紀集團