

Work Injury Medical Scheme – reminders for clinics

1. A confirmation letter will be issued prior to commencement of Work Injury Medical Scheme for each client/project, the letter will contain:
 - Company name of the Client
 - Policy period
 - Name of the Insurer
 - Authorized person to sign Medical Treatment Authorization form (MTA), include the name, title, sample signature and contact phone number
 - Details on procedures of seeking approval
 - Any other special arrangements for that particular client/project
2. The Injured Workers should be prioritized at the first consultation as far as practicable. The Injured Workers will present a Medical Treatment Authorization form (MTA) with completed personal data, accident details and signature of the authorized officers. *(Please contact us if the Injured Workers are unable to present a valid MTA form)*
3. Each MTA is valid for one month from date of issue. Return the original MTA to the worker after taking a copy for record.
4. Please complete the 'WTW Work Injury Report' after each consultation and ask the Injured Workers to sign on the Report. After completion, please email the copy of MTA form, WTW Work Injury Report & X-ray reports, together with the consultation record with fee breakdown to Ms. Maggie maggie.ng@willistowerswatson.com within 24 hours. *(in any event not later than 2 days).*
5. Any work injury cases with foreseeable accumulated medical expenses in excess of HK\$2,000 must be approved by the nominated persons of WTW prior to any medical consultations, treatments, referrals, investigations and / or medication being prescribed. Please contact Ms. Maggie Ng at 2195 5699 if the accumulated medical expenses are expected to be in excess of HK\$2,000 on the same day of consultation.
6. If the Injured Workers need to attend follow up appointments, please ask if the workers would want to follow up in the same clinic or other clinics at their preferred location, if they choose to follow up at other clinics on our panel list at other location, please refer to WTW and WTW will arrange the follow up appointment with the worker directly. Do NOT disclose the panel doctor list to the workers.
7. Please use separate invoice for each individual Injured Worker
8. Specialist Referral including physiotherapy and occupational therapy – please email the referral letter to Ms. Maggie Ng maggie.ng@willistowerswatson.com. WTW will contact the Injured Workers for arrangement, the specialists will be chosen by WTW which may / may not be on the panel list. *(*Do not make any specialist appointment or commit to the Injured Workers for such arrangements without WTW's prior approval)*
9. The contact person at **WTW**:

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Sample of Medical Treatment Authorization form (MTA)

MEDICAL TREATMENT AUTHORIZATION FORM (MTA) 醫療護理授權証

The employee named herein is authorized to receive medical treatment from nominated medical service provider for injuries sustained at work. This form is valid for one month from date of issue.

持証人因工受傷而獲准接受已授權之醫療機構提供之醫療護理。此証於簽發日期起一個月內有效。

Employee Name 僱員姓名	HKID No. 身份証號碼	Contact No. 聯絡電話
Date of Accident 意外發生日期	Post / Occupation 職位/職業	
Name of Employer 僱主名稱	Place of Accident 意外發生地點	
Contractors Name 承判商	Place of Employment / Construction Site 工作地點/地盤	
Nature of Injury 受傷性質	Parts of Body Injured 受傷部位	
Issue Date 簽發日期	Name of Authorized Person 簽署人姓名	Authorized signature & Co. Chop 簽名及印章

This Form may only be issued by persons authorized by Willis Hong Kong Ltd. This Form remains the property of Willis Hong Kong Ltd. Unauthorized use of this Form with result in prosecution. Usage of this form does not mean admission of liability by the Employer and/or the Insurer.

此証只可由韋萊香港有限公司授權之人仕簽署方為有效。此証乃韋萊香港有限公司所有。非法使用此証將會被檢控。提供此醫療護理服務不代表僱主及/或保險公司對此工傷承認任何法律責任。

I understand and volunteer to receive medical treatment from nominated medical service provider.

本人明白及自願接受已授權之醫療機構提供之醫療護理。

Date of Accident
意外發生日期 _____ Contractor/Employer
承判商/僱主 _____

According to Personal Data (Privacy) Ordinance, I, _____ (HKID No. _____) hereby authorize Willis Hong Kong Ltd. and (the employer) and (the insurer) to inspect, review and/or retrieve copies of all the medical reports, medical notes / records and any material or information relating to medical consultations / treatments / examinations etc in respect of the injuries and/or illnesses I suffered on the aforesaid date. In addition, I hereby authorize Willis Hong Kong Ltd. and (the employer) and (the insurer) to discuss and/or provide all the documents regarding any medical consultations, treatments, diagnosis, prognosis and investigation in respect of my injuries and/or illnesses on the aforesaid date to any attending Doctors, Hospitals, Hospital Authority, the government of HKSAR and/or other relevant parties.

根據個人資料(私隱)條例，本人，_____ (香港身份証號碼 _____) 同意並授權韋萊香港有限公司，(僱主名稱)，(保險公司名稱) 查核、閱讀、複印及領取本人於上述意外日期至現今的所有醫療診斷、治療及護理前境之報告、筆記和記錄等資料。本人並授權韋萊香港有限公司，(僱主名稱)，(保險公司名稱) 將本人受傷或患病之醫療報告、筆記和記錄等資料向各應診醫生、醫院、醫院管理局、香港特別行政區之政府機構及有關人員呈交並作出討論。

I read and completely understand the contents of this authorization letter and sign it at my own will.

本人已閱讀過以上所述，本人明白此授權書並簽名作實。

The above are provided in both English and Chinese versions. In the case of any differences in meaning between the English and Chinese versions, the English version shall prevail. A photocopy of this authorization shall be accepted with the same authority as the original.

上文以中英文對照，如兩文本之文義有差異，概以英文本為準。此文件之副本被視為等同正本，予以接納。

Signature of employee
僱員簽署 _____ Name (BLOCK LETTER)
姓名 (正楷) _____ HKID No.
香港身份証號碼 _____

For enquiry, please call at 2195 5699 or fax to 2195 5600
如有疑問，歡迎致電 2195 5699 查詢 或 傳真至 2195 5600

Sample of Work Injury Report

Patient Name : _____

Date : _____

I.D. no. : _____

Contact No. : _____

WTW ref no. : _____

WTW contact : _____

<input type="checkbox"/> GP Consultation	<input type="checkbox"/> New Case (Medical Treatment Authorization Form attached)
<input type="checkbox"/> SP Consultation	<input type="checkbox"/> Follow-up Case (Medical Treatment Authorization Form attached)
<input type="checkbox"/> Issue date of Medical Treatment Authorization Form Date: _____ (if applicable)	
<u>Clinical Summary (History, Present complaints & Progress)</u> Date of Injury: _____	
Diagnosis: _____	
<input type="checkbox"/> X-Ray : _____ (regions) _____ (no. of views)	
<u>Treatment and Recommendations:</u>	
<input type="checkbox"/> Emergency procedures (e.g. wound management, POP, vaccine etc.) *please specify:	
<input type="checkbox"/> Prescriptions (Medications):	
<input type="checkbox"/> Referral (e.g. PT, MRI etc., prior approval from WTW is required)	

<p><u>Sick leave and Work capacity</u></p> <p><input type="checkbox"/> Sick leave from _____ to _____</p> <p><input type="checkbox"/> Next follow up on _____ at _____</p> <p><input type="checkbox"/> Condition reached Maximum Medical Improvement and refer to MAB (<i>*attach referral to MAB if applicable</i>)</p> <p><input type="checkbox"/> Suggest to return to work on _____ * with / without alternative duties for _____ weeks</p> <p><input type="checkbox"/> Alternative duties suggested : _____ _____</p>
<p>Attending Doctor (signature and chop with address)</p> <div style="font-size: 48px; color: red; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">Sample</div>
<p><small>I hereby authorize my medical practitioner(s) and/ or clinic(s), by whom or where I have been treated, to give full particulars including prior treatment programme and/ or medical history related to this work injury case to Willis Hong Kong Ltd., and all relevant parties as in the Medical Treatment Authorization Form processing the claims. In line with Data Privacy requirements, I understand that any information shall be used for the sole purpose of administering work injury assessment.</small></p> <p><small>本人同意並授權有關診所或主診醫生，將本人最近之工傷記錄、有關治療程序及復康進度等，交予韋萊香港有限公司，及醫療護理授權証上列明之相關人士，以便安排治療及理賠程序。本人明白上述資料受到個人私隱條例保障，只用於本人已授權之範圍內。</small></p> <p>求診人仕簽名 Patient's Signature:</p>

Work Injury Medical Scheme – Consultation Record

Patient Name:

HKID:

Clinic Name:

No.	Date	Fee					Diagnosis
		Consult	Dressing	X-ray(s)	Others	Total	
1		\$	\$	\$	\$	\$	
2		\$	\$	\$	\$	\$	
3		\$	\$	\$	\$	\$	
4		\$	\$	\$	\$	\$	
5		\$	\$	\$	\$	\$	
6		\$	\$	\$	\$	\$	
7		\$	\$	\$	\$	\$	
8		\$	\$	\$	\$	\$	
9		\$	\$	\$	\$	\$	
10		\$	\$	\$	\$	\$	
11		\$	\$	\$	\$	\$	
12		\$	\$	\$	\$	\$	
13		\$	\$	\$	\$	\$	
14		\$	\$	\$	\$	\$	
15		\$	\$	\$	\$	\$	

Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site:

Name: Position/Title: Contact no.: Email:	Signature
Name: Position: Contact no.: Email:	Signature
Name: Position: Contact no.: Email:	Signature

Q & A

Q1: How can I identify patients that are patients of WTW's clients?

A1: Ask the patient to show the Medical Treatment Authorization form which bears "Willis Towers Watson" logo

Q2: Should I collect the Medical Treatment Authorization form as proof of attendance?

A2: Make a copy of the Medical Treatment Authorization form everytime the patients attend consultation, for both first attendance and follow up appointments, return the original form to the patients. Do NOT collect the original form.

Q3: When do I need to seek approval from WTW?

A3: When the expected accumulated treatment fee exceed the pre-approved amount. Therefore you must fill in the consultation record to have a proper record of the accumulated treatment fee. Or when you want to refer the patients to specialists, rehabilitation, or any other investigations other than X-Rays, regardless of the accumulated treatment fee.

Q4: How to seek approval from WTW?

A4: Call WTW first, followed by an email to WTW with brief description of the request if it is urgent and patient is waiting in the clinic. If the approval items are for the next follow up appointment, you can send your request by email together when you send the Work Injury Report, Medical Treatment Authorization form and consultation record.

Q5: Should I tell the patients about the referrals before obtaining WTW's approval?

A5: Doctors can inform the patients about treatment recommendations if they think it is necessary to do so, however, please tell the patients that it is subject to employer/insurer's approval, tell patients to wait for call from WTW for further arrangement.

Q6: Can I arrange follow up appointment for the patients in the same clinic?

A6: Yes. If it is medically necessary. If accumulated amount is still under the pre-approved amount, you can go ahead to make the follow up appointment with the patients, otherwise, tell patients that it is subject to approval and WTW will contact them for further arrangement. **WTW will call the patients after each consultation, WTW's staff may contact you to clarify and obtain further information if needed.*

Q7: What should I do if patients want to have follow up appointments in other clinics?

A7: Do NOT disclose our clinic list to the patients, you can check our list and reply patients whether there is clinic near to his/her preferred location. E.g. if patient said he/she prefers clinic in Kwai Chung, you can check and tell them whether there is any clinic near Kwai Chung, or the nearest available area (not the exact clinic). Tell patients that WTW will call them to further arrange. Please make sure you fill in the follow up date and preferred location in the Work Injury Report e.g. Next follow up on 15/12/2020 at prefer Kwai Chung

Q8: Do I need to send the original forms to WTW?

A8: No. You only need to send the copies to WTW by email. However, please keep the originals and we may request for originals later if needed.