



Neratinib 乳癌患者資助計劃
資助申請表格

**Breast Cancer Patient Assistance Program – Neratinib
Claim Form**

選擇所屬計劃 Choose the scheme for claim:

- A) Neratinib 現金補貼計劃 Cash reimbursement scheme
 B) Neratinib 買一送一計劃 Buy 1get 1 free scheme

申請人資料Applicant Particulars :

檔案編號File No. : _____ 香港身份證號碼ID Number : _____

姓名Name (英文English) _____ (中文Chinese) _____

聯絡電話Contact Phone Number: _____ 手提(mobile) /住宅(home) [請劃去不適用的]

已購買/服用的Neratinib數量 Number of Neratinib taken:

_____粒(tab) / 樽(bottle) [請劃去不適用的]

申請需包括以下所有文件Please make sure you have enclosed all of the following :

- 已填妥本申請表格Complete this claim form
- 醫生簽發的藥費正式單據（如有申請醫療保險索賠，請附上經認證的真實副本及理賠文件。Original official medication receipts- please provide certified true copy and claim document if applied medicine insurance claim），正式收據日期：_____；
- 支票抬頭 Cheque Payable to : _____ (英文正楷)(Scheme A ONLY)
- 下次覆診日期(Date of Next Medical Appointment) : _____ (Scheme B ONLY)

*如申請Neratinib買一送一計劃，請於藥單發出日期一星期內遞交申請，否則可能影響免費Neratinib的送達時間。

*For Buy 1 get 1 free scheme claim, please submit the medication receipts within 1 week after the issued date unless it will affect the delivery time for free bottle of Neratinib.

申請人簽名
Applicant's Signature _____

日期
Date: _____

所有遞交之正本文件均不會獲發還。本表格可影印使用或從本會網址www.hkbcf.org下載

All original copies of documents will not be returned. You can copy this form for subsequent usage or download the form from www.hkbcf.org

申請可郵寄或親身遞交至：

香港北角木星街9號永昇中心22樓 或 九龍牛池灣龍翔道28號1樓
香港乳癌基金會

(信封面請註明「申請Neratinib乳癌患者資助計劃 - Neratinib」)

Submission can be sent by post or delivered in person to:

Hong Kong Breast Cancer Foundation

22/F., Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong OR 1F, 28 Lung Cheung Road, Ngau Chi Wan, Kowloon
(Please mark "Application for Breast Cancer Patient Assistance Program- Neratinib®" on the envelope)