| _ HOSPITAL |
|----------------|
| 醫院 |

Form B 表格 B

服務費用預算 - 預算醫院費用(只供參考)

Budget Estimate – Estimated Hospital Charges (For Illustration Only)

本表格正本會存放在醫院的病人醫療記錄內,副本供病人和醫生參考。費用預算只供參考,最終收費視乎病人實際接受的治療、程序及服務而定。

The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

| 病人姓名 Patient's Name: (中文Chine | ese): | (英文English): | | | | | |
|--|----------------------------------|--|-------------------------------------|-------------------------|---|-----------------------------------|--|
| 身份證/護照 號碼 Hong Kong Identity C | ard / Pas | ssport Number: | | | | | |
| 初步診斷 Provisional Diagnosis: | | | | | | | |
| 預計住院時間 Estimated Length of Stay: | | | (s) 病房級 | 級別 Class of Ward: | | | |
| 治療程序/ 手術 Treatment Procedure / Sur | gical | | | | | | |
| Operation: | | | | | | | |
| 主診醫生 Attending Doctor: | | | | | | | |
| 預算醫院費用 Estimated Hospital Charges | | | | | | | |
| (由醫生根據醫院提供的收費資料填寫 To | be comp | leted by doctor bas | ed on the cha | arges info | rmation provided b | y hospital) | |
| | | | | | 度 Reference Range 各百分位數 | to percentile) | |
| 住宿Room: | \$ | X | 日 day(s) | \$ | ~ \$ | | |
| 手術室及相關物料費用 Operating Theatre and Associated Materials Charges (備註1 Remark 1): | \$ | | | \$ | ~ \$ | | |
| 診斷程序 Diagnostic Procedures: | \$ | | | \$ | ~ \$ | | |
| 其他醫院收費 Other Hospital Charges (備註2 Remark 2): | \$ | | | \$ | ~ \$ | | |
| 總計 Total | \$ | | | \$ | | | |
| 病人簽署 Patient's Signature | | | | | | | |
| 本人知悉服務預算費用並無法律效力,僅 視乎病人實際接受的治療、程序及服務而 I understand that this budget estimate is no complications and from diseases diagnosed incurred from treatment, procedures and s | 定,並以 ot legally l after ad | 以醫院帳單所列為 y binding and is fo lmission are not co | 性。 r reference o vered. I ag | only. Ad gree that f | ditional charges in final payments are | curred from subject to charges | |
| 病人/親屬/獲授權人士姓名 Name of Patient / Next-of-kin / Authorised Person | | 病人/親屬/獲述 Signature of Patier Authorised | t / Next-of-ki | n / | | 日期 Date | |
| 備註 Remarks: | | | | | | | |

- 1. 表格內列出醫院費用預算的參考幅度數字,是根據去年度本院接受同類治療的相關病人出院帳單的實際費用統計及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。 Figures listed under the Reference Range of Hospital Charges are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.
- 2. 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查,及其他非手術室相關費用的估算總和。
 Other Hospital Charges is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, and other non-Operating Theatre related charges.

本院的每天住院房租如下:標準房\$, 半私家房\$, 私家房\$ 。其他特殊病房收費請參考網頁 http://www. Our hospital's Room Charges are as follows: Standard Room \$, Semi-private Room \$, Private Room \$.

For other special beds, please refer to our webpage: http://www.