

服務費用預算 - 預算醫生費用 (只供參考)
Budget Estimate - Estimated Doctor's Fees (For Reference Only)

須知：務請確認已於表格上蓋章，並須於入院當日交予病人事務部。
Important: Please ensure that forms A and B are both signed and bring them to the Patient Business Office on the day of admission

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。此「服務費用預算」有效期為三個月，由 ____ / ____ / ____ 起計。

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. This "Budget Estimate" is valid for a period of 3 months starting from ____ / ____ / ____.

病人姓名 Patient's Name (中文 Chinese): _____
(英文 English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure/Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫生費用 Estimated Doctor's Fees (由醫生填寫 To be completed by doctor)

每日醫生巡房費 Daily Doctor's Round Fee: x 0日 Day(s) _____ --

手術費 Surgical Fee: _____ --

麻醉科醫生費 Anaesthetist's Fee: _____ --

兒科/其他專科醫生診療費用 (請註明)
Paediatrician/Other Specialists' Consultation Fee (Please Specify): _____ --

其他項目及收費 Other Items and Charges: _____ --

總計 Total: _____ --

本人已向病人/親屬/獲授權人士解釋上述預算費用，並徵得其同意。

I have explained to the patient/ next-of-kin/ authorised person details of the above estimated charges and have sought his / her agreement

醫生姓名
Name of Doctor

醫生簽署
Signature of Doctor

日期
Date

病人簽署 Patient's Signature

本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

Patient No:

Name:

Date of Birth:

Gender:

Room No.:

ESTIMATED DOCTOR'S FEES
Form A

Nov 2022

VPMA-MLC35



服務費用預算 - 預算醫院費用 (只供參考)
Budget Estimate - Estimated Hospital Charges (For Reference Only)

須知：務請確認已於表格上簽署，並須於入院當日交予病人事務部。
Important: Please ensure that forms A and B are both signed and bring them to the Patient Business Office on the day of admission

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。此「服務費用預算」有效期為三個月，由 ____/____/____ 起計。

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. This "Budget Estimate" is valid for a period of 3 months starting from ____/____/____.

病人姓名 Patient's Name (中文 Chinese): _____
(英文 English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure/Surgical 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 completed by doctor based on the charges information provided by hospital)

參考幅度 Reference Range

住宿 Room: x 0 日 Day(s) _____ --

手術室及相關物料費用 Operating Theatre and Associated Materials Charges (備註1 Remark 1): _____ --

其他醫院收費 Other Hospital Charges (備註2 Remark 2): _____ --

總計 Total: _____ -- (備註4 Remark 4)

病人簽署 Patient's Signature

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I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

備註 Remarks:

- 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)。Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.
- 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查、診斷程序及其他非手術室相關費用的估算總和。(不包括公司寄售) Other Hospital Charges is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures and other non-Operating Theatre related charges. (exclude consignment)
- 本院的房間類別如下：普通房（三至四人房），半私家（雙人、單人房共用洗手間），私家（單人），貴賓房（單人）。病房收費請參考網頁 <http://www.hkah.org.hk> Our hospital's Room category are as follows: Standard Room (3-4 Bed), Semi-Private Room (2-Bed, Single room shared toilet), Private Room (1-Bed), VIP Room (1-Bed). For room charges, please refer to our website: <http://www.hkah.org.hk>
- 實際收費可能因應病人實際入住的房間類別有所調整。如欲查詢，請致電病人事務部 (852) 3651 8805。 The total fee may be adjusted subject to the patient's room category. For enquiries, please contact Patient Business Department on (852) 3651 8805.

Patient No:

Name:

Date of Birth:

Gender:

Room No.:

ESTIMATED HOSPITAL CHARGES
Form B

Nov 2022

VPMA-MLC36

