

Joint Replacement Operation Subsidy Scheme

關節置換手術資助計劃

Plan
1
計劃

Total Knee Replacement Operation (single knee)
全膝關節置換手術 (單膝)
HK\$116,000 (original price 原價: HK\$150,000)

Plan
2
計劃

Total Hip Replacement Operation (unilateral)
全髖關節置換手術 (單側)
HK\$119,000 (original price 原價: HK\$150,000)

The Scheme aims to provide financial support for patients in need of either operation, so that they may receive treatment and regain their health and mobility as soon as possible.

為需要接受相關手術的病人提供資助，以盡快得到治療，
並恢復健康和活動能力。

Applicant Eligibility 申請人基本要求

- Hong Kong resident aged 60 or above
- Participant of the Hong Kong Government's eHealth platform (required)
- In stable health condition (patients taking long-term medication must submit their medical records)
- Medically diagnosed with severe knee/hip degeneration that is affecting daily living
- 年滿 60 歲或以上的香港居民；
- 必須已加入香港政府「醫健通」計劃；
- 身體狀況穩定（如長期服用藥物，須提供病歷報告）；
- 經醫生確診患有嚴重膝/髖關節退化，並已影響日常生活

Program Details 計劃內容

Subsidies offered by Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR) as part of the Joint Replacement Operation Subsidy Scheme cover fees associated with single total knee or unilateral total hip replacement operations and hospital accommodation. Participating doctors also reduce their charges for patients under this scheme, while patients themselves are responsible for a portion of the fees as well.

Fees associated with single total knee/unilateral total hip replacement operations include:

- Designated orthopedic surgeon's surgery fee, ward round fees, and first post-discharge consultation fee
- Designated anesthesiologist's fee
- Operating room fee
- Operating room equipment fee
- Fees for operating room consumables/materials
- Cost of artificial joint
- Accommodation charge for standard room (5 days, 4 nights)
- Fees for 4 physiotherapy sessions during hospital stay
- Basic care and medication fees
- Diagnostic fees for required and related laboratory tests and imaging

此計劃除由香港安醫院—司徒拔道資助單膝或單側髖關節更換手術和住院相關費用，參與醫生亦會減收部份醫生費，而申請人亦需要負擔部份費用。

全膝（單膝）/全髖（單側）置換手術項目費用包括：

- 本院指定骨科醫生的手術費、巡房費及出院後首次覆診費用
- 本院指定麻醉科醫生的醫生費
- 手術室之基本費用
- 手術室儀器設備費
- 手術室消耗品/物料費
- 人工關節收費
- 標準房間住宿收費（5日4夜）
- 4次住院期間的物理治療費用
- 基本護理及藥物費用
- 必要及相關診斷，包括化驗和影像診斷

How to Apply 申請方法

1. Download the “Program Details and Application Form” from the HKAH – SR website
2. Prepare all the required documents:
 - HKID copy of patient and guardian (if applicable)
 - Medical reports (e.g., for long-term conditions such as hypertension or diabetes)
 - Copy of appointment slip (for next follow-up consultation) issued by a Hospital Authority hospital (if any)
3. Submit the completed application form along with the required documents to HKAH – SR

Submit application to 遞交申請：

✉ info.program@hkah.org.hk ☎ (852) 2835 0530

1. 到醫院網站下載「說明書及申請表格」
2. 準備好所需文件：
 - 病人及監護人（如適用）的香港身分證副本
 - 病歷報告（如屬長期病患，如高血壓、糖尿等）
 - 醫院管理局醫院發出的覆診紙 / 預約紙副本（如有）
3. 遞交已填妥的申請表格及所需文件

Enquiry 查詢：☎ (852) 3651 8873

Important Notes 注意事項

1. Subsidies under this scheme may not be used in conjunction with any insurance plans (including direct billing and patient reimbursement)
2. Operations are conducted by a hospital-designated orthopedic surgeon at HKAH – SR.
3. Due to limited number of subsidy recipient spots, HKAH – SR reserves the right of final decision. Applicants shall not raise any objections.
4. HKAH – SR reserves the right to amend, suspend, revoke, or discontinue the scheme or any individual application at its discretion.

1. 本計劃不適用於保險直接付款或保險索償。
2. 手術於本院內進行，並由本院指定骨科醫生主理。
3. 資助名額有限，香港安醫院—司徒拔道會保留最終決定權，申請人不得異議。
4. 本院有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。

Joint Replacement Operation Subsidy Scheme Program Details and Application Form

A. Program Details

a. Application Guide and Terms & Conditions

(1) Subsidized Items (Operation)

Plan 1 Total knee replacement operation (single knee):
HK\$116,000 after deduction of subsidy (original price: HK\$150,000)

Plan 2 Total hip replacement operation (unilateral):
HK\$119,000 after deduction of subsidy (original price: HK\$150,000)

Fees covered by subsidy:

- Designated orthopedic surgeon's operation fee, ward round fees, and first post-discharge consultation fee
- Designated anesthesiologist's fee
- Operating room fee
- Operating room equipment fee
- Fees for operating room consumables/materials
- Cost of artificial joint
- Accommodation charge for standard room (5 days, 4 nights)^
- Fees for 4 physiotherapy sessions during hospital stay
- Basic care and medication fees
- Diagnostic fees for required and related laboratory tests and imaging

Items not covered by subsidy:

- Preoperative clinical assessment by specialist#
- Meals
- Personal expenses
- Post-discharge physiotherapy
- Additional examinations, tests, treatments, operations, and nursing care not included in the scheme
- Emergency services, or additional fees incurred due to complications
- Extended hospital stay^ and additional ward round, medication, and nursing fees incurred as a result of extended stay

Applicants must undergo a **self-paid** preoperative clinical assessment (HK\$1,300) conducted by a hospital-designated orthopedic surgeon to determine their suitability for Operation.

^ If an extended hospital stay is required, the room rate for a standard room is HK\$900 per day (any length of stay within 24 hours is considered one day). Ward round fees are HK\$1,000 per day. Other fees associated with an extended stay may include but are not limited to costs for: nursing care, lab tests, and examination. Please visit www.hkah.org.hk/en/fee_schedule for more details.

a. Application Guide and Terms & Conditions

(2) Applicant Eligibility

1. Hong Kong resident aged 60 or above;
2. Participant of the Hong Kong Government's eHealth platform (**required**);
3. In stable health condition (patients taking long-term medication must submit their medical records);
4. Medically diagnosed with severe knee/hip degeneration that is affecting daily living.

(3) Application Process

1. Fill in the application form and submit it along with other required documents via email to info.program@hkah.org.hk or via fax to (852) 2835 0530.
2. Each applicant may only submit one application. Processing will only commence after all required documents are received.
3. After the application is received, a preliminary assessment will be conducted based on the applicant's eligibility and the whether all required information has been submitted.
4. If an applicant passes the preliminary assessment, a representative from Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR) will contact him/her directly within 30 working days and arrange a preoperative clinical assessment. Applicants who do not hear from HKAH – SR within 30 working days may assume that their application has been declined.
5. **Applicants who have been preliminarily approved must undergo a self-paid preoperative clinical assessment (HK\$1,300)** conducted by a hospital-designated orthopedic surgeon to determine their suitability for the Operation.
6. HKAH – SR will make arrangements for relevant medical procedures for applicants approved for the Operations. The Operations are conducted by a hospital-designated orthopedic surgeon at HKAH – SR.

(4) Required Documents

- Completed and signed application form
- HKID copy of patient and guardian (if applicable)
- Medical reports (e.g., for long-term conditions such as hypertension or diabetes)
- Copy of appointment slip (for next follow-up consultation) issued by a Hospital Authority hospital (if any)

(5) Important Notes

1. Subsidies under this scheme may not be used in conjunction with direct billing and patient reimbursement.
2. Patients must be assessed by a designated orthopedic surgeon at HKAH – SR to determine their suitability for total knee/hip replacement operation.
3. The operation is conducted by a hospital-designated orthopedic surgeon at HKAH – SR.
4. Please ensure that the application form is completed in its entirety, duly signed, and that the information supplied is true, complete, and accurate.
5. Please ensure that all filled-in information and attached documents are clear and legible. If

a. Application Guide and Terms & Conditions

- information is blurry or illegible, HKAH – SR reserves the right to reject the application.
6. The assessment process will begin only after HKAH – SR receives all required information and documents.
 7. In some cases, applicants may be asked to supply additional information or forms of identification, or meet with a HKAH – SR representative in person. HKAH – SR may also contact the applicant’s attending physician to obtain further information.
 8. Due to limited number of subsidy recipient spots, HKAH – SR reserves the right of final decision. Applicants shall not raise any objections.
 9. HKAH – SR reserves the right to amend, suspend, revoke, or discontinue the scheme or any individual application at its discretion.

(6) Legal Responsibilities of Applicants

Information provided by applicants must be true and complete. It is an offense for any person to fraudulently obtain property/monetary/any advantage, either for the benefit of himself/herself or another person, or with the intent to cause another person to suffer a loss. If an applicant knowingly or intentionally makes a false statement or conceals any information in order to gain eligibility for the subsidy, or if his/her declared information changes, the applicant may be deemed ineligible for the scheme. An applicant that deliberately fails to disclose changes in his/her information to HKAH – SR may face prosecution.

b. Declaration and Undertaking of Applicant

1. I have not benefited from the Joint Replacement Operation Subsidy Scheme (Scheme) or other joint replacement schemes funded by the Hong Kong Government or non-governmental organizations in the past.
2. I am not currently employed by the Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR) or Hong Kong Adventist Hospital – Tsuen Wan.
3. I have a close relative who is currently employed by HKAH – SR. His/her position is _____. / I do not have any close relatives currently employed by the Hospital.
4. All information and documents that I have provided for application to the Scheme are true, accurate, and complete.
5. I have carefully read and understand the “Application Guide and Terms & Conditions” section of this document, and agree to be bound by the terms and conditions in relation to the Scheme and HKAH – SR.
6. I have read and agree to the Personal Information Collection and Privacy Policy Statements.
7. I understand and agree that HKAH – SR has the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at its discretion.
8. I agree to make any enquiries necessary for the processing of this application.
9. I consent to the release of my information to any organization for the purpose of processing this application.
10. I authorize all organizations to release any records or information that may be required for the processing of this application to HKAH – SR.
11. I consent to the use or disclosure of any information provided in this application to any organization for verification purposes.

I, the undersigned, have read, and fully understand and agree to the above provisions of this Declaration and Undertaking.

Signature of Applicant

(HKID Number: _____)

Date

B. Application Form

(Please tick the appropriate boxes.)

a. Personal Particulars			
Chinese name		English name	
Gender		Date of Birth	
HKID number		Telephone	
Address			
Email address (if any)			
Do you have an appointment slip issued by Hospital Authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referrer (if applicable)	<input type="checkbox"/> Orthopedic Surgeon	<input type="checkbox"/> Social worker	<input type="checkbox"/> No referral

b. Medical Details			
1. Affected Area	<input type="checkbox"/> Left knee <input type="checkbox"/> Right knee <input type="checkbox"/> Left hip <input type="checkbox"/> Right hip		
2. Condition			
3. Mobility Status	<input type="checkbox"/> I do not use a mobility aid <input type="checkbox"/> I use a mobility aid (such as a cane or other walking aids) <input type="checkbox"/> I require use of a wheelchair		
4. Receiving treatment at: (public hospital)			
5. Latest Examination Date	_____ (year) _____ (month)		
6. Have you undergone operation for this condition?	<input type="checkbox"/> Yes Year of operation: _____	<input type="checkbox"/> No	
7. Have you undergone examination for this condition?	<input type="checkbox"/> Yes Type of exam: _____ Exam date: _____	<input type="checkbox"/> No	
8. Do you have any chronic conditions?	Diabetes	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Hypertension	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Hyperlipidemia	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Heart disease	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No

b. Medical Details		
	Kidney disease patient <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not a dialysis	<input type="checkbox"/> No
	Liver disease <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Sleep apnea <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not using the continuous positive airway pressure (CPAP) machine	<input type="checkbox"/> No
	Parkinson's disease <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Chronic obstructive pulmonary disease <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Others (please specify) _____ and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	

c. Prior to submitting your application, please ensure you meet the following criteria:
<input type="checkbox"/> I am a Hong Kong resident aged 60 or above <input type="checkbox"/> I am a participant of the Hong Kong Government's eHealth platform <input type="checkbox"/> I have completed "b. Medical Details" of this application <input type="checkbox"/> Please enclose the following along with your application form: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of your HKID <input type="checkbox"/> Medical reports (e.g., for long-term conditions such as hypertension or diabetes) <input type="checkbox"/> Copy of appointment slip (for next follow-up consultation) issued by a Hospital Authority hospital (if any)

For Internal Use Only		
HKAH – SR Response Date		
Applicant Response	<input type="checkbox"/> Preoperative clinical assessment already arranged	<input type="checkbox"/> Rejected
Remarks		

關節置換手術資助計劃 說明書及申請表

甲、說明書

一、申請須知及條款細則

(一) 此計劃資助項目 (是項手術)

計劃 1：全膝關節置換手術 (單膝)

扣除資助後費用為 HK\$116,000 (原價：HK\$150,000)

計劃 2：全髖關節置換手術 (單側)

扣除資助後費用為 HK\$119,000 (原價：HK\$150,000)

項目費用包括：

- 本院指定骨科醫生的手術費、巡房費及出院後首次覆診費用
- 本院指定麻醉科醫生的醫生費
- 手術室之基本費用
- 手術室儀器設備費
- 手術室消耗品/物料費
- 人工關節收費
- 標準房間住宿收費 (5 日 4 夜) ^
- 4 次住院期間的物理治療費用
- 基本護理及藥物費用
- 必要及相關診斷，包括化驗和影像診斷

項目費用不包括：

- 手術前專科醫生臨床評估費用#
- 膳食費
- 個人用品費用
- 出院後的物理治療
- 因個別情況而安排項目以外的檢查、化驗、治療、手術和護理
- 緊急服務或因治療程序引起之併發症所需費用
- 延長住宿^及延長住宿引起之醫生巡房費、藥物和護理費用

申請人必須自費接受 1 次由本院指定骨科醫生主理的手術前臨床評估，費用為 HK\$1,300，以決定是否適合進行是項手術。

^ 如需延長住宿，標準病房的房租為每日 HK\$900，不足 24 小時亦作一日計算。醫生巡房費為每日 HK\$1,000。其他因延長住宿引起的費用，如護理、化驗和檢查等，請瀏覽本院網站 www.hkah.org.hk/tc/fee_schedule

一、申請須知及條款細則

(二) 基本要求

1. 年滿 60 歲或以上的香港居民；
2. **必須**已加入香港政府「醫健通」計劃；
3. 身體狀況穩定（如長期服用藥物，須提供病歷報告）；
4. 經醫生確診患有嚴重膝/髖關節退化，並已影響日常生活；

(三) 申請程序

1. 申請人須填妥申請表，連同所需文件，電郵至 info.program@hkah.org.hk，或傳真至（852）2835 0530。
2. 每位申請人只可以遞交 1 份申請。必須遞交齊全的文件後，才會正式開始處理。
3. 於接獲申請後，本院先以申請人是否符合基本要求及資料是否齊全作出初步評審。
4. 如初步評審為合適的接受資助個案，本院會於 30 個工作天內由專人通知該申請人，並預約臨床評估。如未能於遞交申請表後 30 個工作天內接獲通知，即表示該申請人未能通過初步評審。
5. **獲初步評審為合適的申請人必須自費接受一次手術前臨床評估（費用為港幣\$1,300）**，該臨床評估由本院指定骨科醫生主理，以決定是否適合進行是項手術。
6. 如評估為適合進行是項手術，將會安排相關醫療程序。是項手術只可於本院內進行，並由本院指定骨科醫生主理。

(四) 所需文件

- 已填妥並簽署的申請表
- 病人及監護人（如適用）的香港身分證副本
- 病歷報告（如屬長期病患，如高血壓、糖尿病等）
- 醫院管理局醫院發出的覆診紙 / 預約紙副本（如有）

(五) 注意事項

1. 本計劃不適用於保險直接付款或保險索償。
2. 申請人須經香港港安醫院—司徒拔道指定骨科醫生評估是否適合進行是項手術。
3. 是項手術於本院內進行，並由本院指定骨科醫生主理。
4. 請確保申請表的全部所需部分已填妥並簽署。當提供此等個人資料時，請確保其真實性、完整性及準確性。
5. 請確保填寫的資料及附加文件清晰可見，如申請表或其他證明文件模糊不清，本院有權不予受理。
6. 申請人必須遞交齊全的文件後，本院才會正式審批。
7. 如有需要，本院有權要求申請人提供進一步資料和證明文件、約見申請人或聯絡申請人的授權應診醫生，索取進一步資料。
8. 資助名額有限，香港港安醫院—司徒拔道會保留最終決定權，申請人不得異議。
9. 本院有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。

一、申請須知及條款細則

(六) 申請人法律責任

申請人所提供的資料必須真確及完整。任何人士以欺詐手段獲得財物/金錢利益/任何利益，或為使自己或另一人獲益，或意圖使另一人遭受損失，均屬違法行為。申請人如明知或故意作虛假陳述或隱瞞任何資料以騙取資助，或已申報的資料如有所改變，並可能導致申請人不符合資格申請資助，而申請人蓄意不向本院申報有關資料的變更，可能會引致被檢控。

二、申請人聲明及承諾

申請人聲明及承諾

1. 本人不曾受惠於關節置換手術資助計劃（本計劃）或其他由政府或非政府機構資助的關節置換計劃。
2. 本人不是現職於香港港安醫院—司徒拔道（本院）或香港港安醫院—荃灣。
3. 本人 有近親現職於本院，其職位為 _____ / 沒有近親現職於本院。
4. 所有就本計劃所提供的資料及文件均為真實、準確及完整。
5. 本人已詳閱及同意接受本計劃「申請須知及條款細則」包括負責條款及其他有關本計劃及本院之條款細則及受其約束。
6. 本人已詳閱及同意有關收集個人資料的聲明及私隱政策聲明。
7. 本人明白及同意，本院有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。
8. 本人同意為處理本申請而進行任何所需的查詢。
9. 本人同意為處理本申請而向任何機構提供本人的資料。
10. 本人同意授權所有機構向本院提供為處理本申請所需的任何記錄或資料。
11. 本人同意可將就本申請所提供的資料提供予任何機構以作核對用途。

本人（即簽署人）已詳細閱讀並完全明白及同意上述聲明。

申請人簽署

（香港身份證號碼： _____）

簽署日期

乙、申請表

(請在適當 填上 號。)

一、申請人資料			
中文姓名		英文姓名	
性別		出生日期	
香港身分證號碼		聯絡電話	
地址			
電郵地址 (如有)			
是否有醫院管理局發出的覆診紙 / 預約紙	<input type="checkbox"/> 是	<input type="checkbox"/> 否	
轉介人 (如適用)	<input type="checkbox"/> 骨科醫生	<input type="checkbox"/> 社工	<input type="checkbox"/> 自行申請

二、病歷記錄			
1. 受影響部位	<input type="checkbox"/> 左膝 <input type="checkbox"/> 右膝 <input type="checkbox"/> 左髖關節 <input type="checkbox"/> 右髖關節		
2. 病情			
3. 行走能力	<input type="checkbox"/> 無須任何輔具 <input type="checkbox"/> 需要輔具幫助 (如柺杖, 助行器) <input type="checkbox"/> 需以輪椅代步		
4. 診治公立醫院			
5. 最近檢查日期	_____年_____月		
6. 是否曾接受相關手術	<input type="checkbox"/> 是 (手術年份: _____)	<input type="checkbox"/> 否	
7. 是否曾接受相關檢查	<input type="checkbox"/> 是 檢查項目: _____ 檢查日期: _____	<input type="checkbox"/> 否	
8. 是否有以下慢性病	糖尿病	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 / <input type="checkbox"/> 沒有接受藥物治療	<input type="checkbox"/> 沒有
	高血壓	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有
	高血脂	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有
	心臟病	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有
	腎病	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受透析治療	<input type="checkbox"/> 沒有
	肝病	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有

二、病歷記錄		
	睡眠窒息症 <input type="checkbox"/> 有，並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 使用睡眠呼吸機	<input type="checkbox"/> 沒有
	柏金遜氏症 <input type="checkbox"/> 有，並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有
	慢性阻塞性肺病 <input type="checkbox"/> 有，並且 <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	<input type="checkbox"/> 沒有
	其他，請註明 _____	
	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有 接受藥物治療	

三、遞交申請前，請確認下列事項
<input type="checkbox"/> 本人為年滿 60 歲或以上的香港居民； <input type="checkbox"/> 已加入香港政府「醫健通」計劃； <input type="checkbox"/> 已於申請表「二、病歷記錄」詳列出所患的慢性病 <input type="checkbox"/> 此申請記遞交時，已附下列文件： <ul style="list-style-type: none"> <input type="checkbox"/> 本人的香港身分證副本 <input type="checkbox"/> 病歷報告（如屬長期病患，如高血壓、糖尿病等） <input type="checkbox"/> 醫院管理局醫院發出的覆診紙 / 預約紙副本（如有）

（只供內部使用）		
回覆申請人日期		
申請人答覆	<input type="checkbox"/> 已預約自費接受臨床評估	<input type="checkbox"/> 拒絕
備註		