

Percutaneous Coronary Intervention (PCI) Subsidy Scheme 冠狀動脈介入治療(通波仔)資助計劃



1 個支架
STENT \$31,400
(original price 原價: \$140,000)

2 個支架
STENTS \$52,000
(original price 原價: \$160,000)

Fees covered by subsidy 項目費用包括

- Designated cardiologist's pre-operative clinical assessment fee, operation fee, ward round fees and first post-discharge consultation fee
- Cost of coronary stent(s) (number of stents depends on selected plan)
- Basic fees for use of hybrid cardiac catheterization and interventional operating room:
 - + Basic consumables/ materials
 - + Basic medication, including local anesthesia
 - + Examination process (within 2 hours)
 - + Operating room equipment
- Accommodation fee for standard room and basic nursing care fees (24 hours)
- Fee for intravascular ultrasound (intravascular ultrasound, intracoronary optical coherence tomography, or fractional flow reserve)
- 本院指定心臟科醫生的手術前臨床評估費用、手術費、巡房費及出院後1次覆診診金
- 本院指定的冠狀動脈支架(數量根據所參與的計劃而定)
- 心導管檢查及介入治療手術室之基本費用
 - + 基本消耗品/物料
 - + 基本藥物, 包括局部麻醉之藥物
 - + 2小時檢查程序
 - + 基本儀器
- 標準房間住宿及護理收費(24小時)
- 血管內超聲波檢查(血管內超聲波、冠狀動脈內光學相干斷層掃描儀或血流儲備分數其中1項)

Applicant Eligibility 申請人基本要求

1. Hong Kong permanent resident
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 coronary heart disease
5. On the Hospital Authority (HA) waiting list for PCI
6. Monthly income less than HK\$25,000
7. Total individual net worth less than HK\$360,000 (excluding self-occupied property)
1. 香港永久居民
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. 經醫生確診患有冠心病
5. 正於醫院管理局醫院輪候接受是項手術
6. 個人每月入息不超過HK\$25,000
7. 個人總資產淨值不超過HK\$360,000(自住物業不包括在內)

Enquiry and Submit Application 查詢及遞交申請

✉ foundation@hkah.org.hk

☎ 2835 0569

☎ 9765 2061

For detailed terms and conditions, please refer to relevant program details and application form.
須受有關細則及條款約束, 詳情請細閱有關計劃說明書及申請表格。

Percutaneous Coronary Intervention (PCI) Subsidy Scheme Program Details and Application Form

A. Program Details

a. Application Guide and Terms & Conditions

(1) Subsidized Items (Operation)

Plan 1 Percutaneous coronary intervention (PCI) with 1 stent
HK\$31,400 after deduction of subsidy (original price: HK\$140,000)

Plan 2 Percutaneous coronary intervention (PCI) with 2 stents
HK\$52,000 after deduction of subsidy (original price: HK\$160,000)

Fees covered by subsidy:

- Designated cardiologist's pre-operative clinical assessment fee, operation fee, ward round fees and first post-discharge consultation fee
- Cost of coronary stent(s) (number of stents depends on selected plan)
- Basic fees for use of hybrid cardiac catheterization and interventional operating room:
 - Basic consumables/materials
 - Basic medication, including local anesthesia
 - Examination process (within 2 hours)
 - Operating room equipment
- Accommodation fee for standard room and basic nursing care fees (24 hours) ^
- Fee for intravascular ultrasound (intravascular ultrasound, intracoronary optical coherence tomography, or fractional flow reserve)

Items not covered by subsidy:

- Meals
- Personal expenses
- Emergency services, or additional fees incurred due to complications
- Fees for additional examinations, tests, treatments, operations, and nursing care not included in the scheme
- Fees for extended hospital stay^ and additional ward round, medication, and nursing fees incurred as a result of extended stay

^ 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 1 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, laboratory tests, and examination. Please visit www.hkah.org.hk/en/fee_schedule for more details.

(2) Applicant Eligibility

1. Hong Kong permanent resident
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 coronary heart disease
5. On the Hospital Authority (HA) waiting list for PCI
6. Monthly income less than HK\$25,000
7. Total individual net worth less than HK\$360,000 (excluding self-occupied property)

a. Application Guide and Terms & Conditions

(3) Application Process

1. Fill in the application form and submit it along with other required documents via:
 - a. email to foundation@hkah.org.hk; or
 - b. Whatsapp to 9765 2061; or
 - c. fax to (852) 3651 8840.
2. Each applicant may only submit 1 application. Processing will only commence after all required documents are received.
3. Hong Kong Adventist Hospital Foundation (HKAHF) will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days.
4. A pre-operative clinical assessment conducted by a designated cardiologist at Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR) will be scheduled for applicants who have passed their financial assessment, to determine their suitability for the Operation.
5. HKAH – SR will make arrangements for relevant medical procedures for applicants approved for the Operation. The Operation will be conducted by a HKAH – SR designated cardiologist 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 address proof issued within the last 3 months
- Copy of bank records issued within the last 12 months (for all bank accounts)
- Copy of appointment slip (for next follow-up consultation) issued by a HA hospital
- Copy of waiting list proof for PCI issued by a HA hospital within the last 6 months

(5) Important Notes

1. Subsidies under this scheme may not be used in conjunction with direct billing or patient reimbursement.
2. The Operation is conducted by a HKAH – SR designated cardiologist.
3. Please ensure that the application form is completed in its entirety, duly signed, and that the information supplied is true, complete, and accurate.
4. Please ensure that all filled-in information and attached documents are clear and legible. If information is blurry or illegible, HKAH – SR and HKAHF reserve the right to reject the application.
5. The assessment process will begin only after all required information and documents are received.
6. In some cases, applicants may be asked to supply additional information or forms of identification, or meet with a HKAH – SR/HKAHF representative in person. HKAH – SR/HKAHF may also contact the applicant's attending physician to obtain further information.
7. Due to limited number of subsidy recipient spots, HKAH – SR and HKAHF reserve the right of final decision. Applicants shall not raise any objections.
8. HKAH – SR and HKAHF reserve the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their 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

a. Application Guide and Terms & Conditions

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 and HKAHF may face prosecution.

b. Declaration and Undertaking of Applicant

1. I have not benefited from the PCI Subsidy Scheme (Scheme) or other PCI 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), Hong Kong Adventist Hospital – Tsuen Wan, or Hong Kong Adventist Hospital Foundation (HKAHF).
3. I have a close relative who is currently employed by HKAH – SR/HKAHF. His/her position is _____ . / I do not have any close relatives currently employed by HKAH – SR/HKAHF.
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, HKAH – SR, and HKAHF.
6. I have read and agree to the Personal Information Collection and Privacy Policy Statements.
7. I understand and agree that HKAH – SR and HKAHF have the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their 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 and HKAHF.
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)			
Are you on the Hospital Authority (HA) waiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scheduled operation date	_____ (year) _____ (month)		
Do you have a referral letter from a HA hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an appointment slip issued by a HA hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referrer (if applicable)	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Social worker	<input type="checkbox"/> No referral

b. Medical Details			
1. Condition			
2. Receiving treatment at: (public hospital)			
3. Latest examination date	_____ (year) _____ (month)		
4. Have you undergone operation for this condition?	<input type="checkbox"/> Yes Year of operation : _____	<input type="checkbox"/> No	
5. Have you undergone examination for this condition?	<input type="checkbox"/> Yes; type of exam: _____ Exam date: _____	<input type="checkbox"/> No	
6. 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
	Kidney disease	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not a dialysis patient.	<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

b. Medical Details		
	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;	<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 permanent resident <input type="checkbox"/> I am a participant of the Hong Kong Government's eHealth platform <input type="checkbox"/> I have completed the "b. Medical Details" section of this application <input type="checkbox"/> I am on the HA waiting list for PCI <input type="checkbox"/> Please enclose the following along with your completed and signed application form: <input type="checkbox"/> HKID copy of patient and guardian (if applicable) <input type="checkbox"/> Medical reports (e.g., for long-term conditions such as hypertension or diabetes) <input type="checkbox"/> Copy of address proof issued within the last 3 months <input type="checkbox"/> Copy of bank records issued within the last 12 months (for all bank accounts) <input type="checkbox"/> Copy of appointment slip (for next follow-up consultation) issued by a HA hospital <input type="checkbox"/> Copy of waiting list proof for PCI issued by a HA hospital within the last 6 months

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

Frequently Asked Questions and Answers

1. What is eHealth? How do I register?

The Electronic Health Record Sharing System (eHealth) is an electronic platform developed by the Hong Kong Government. You may register online. Please visit <https://www.ehealth.gov.hk/en/> or call (852) 3467 6300 for more details. Through eHealth, Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR) will review each applicant's medical records shared by the public hospital system.

2. How long does the application process take? How long do approved applicants need to wait until their operation?

Hong Kong Adventist Hospital Foundation (HKAHF) will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days. A pre-operative clinical assessment conducted by a HKAH – SR designated cardiologist will be scheduled for applicants who pass their financial assessment, to determine their suitability for the Operation. HKAH – SR will then make arrangements for relevant medical procedures for approved applicants, which generally take place within 1 to 3 months. Emergency cases will be given priority as appropriate.

3. What is the PCI procedure like? How long does the operation take?

After local anesthesia is administered, the doctor inserts a catheter into the blood vessels in either the arm or the groin to reach the narrowed coronary artery. A balloon at the tip of the catheter is inflated to open the artery, and a stent is implanted to keep the artery open. Patients are generally discharged a day after the surgery.

4. What kind of follow-up care is required after surgery?

One post-discharge consultation by a HKAH – SR designated cardiologist is included in the Scheme. Our cardiologists will also provide referral letters so that patients may receive follow-up care at public hospitals.

冠狀動脈介入治療（通波仔）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：冠狀動脈介入治療（通波仔）及一個支架植入
扣除資助後費用為 HK\$31,400（原價：HK\$140,000）

計劃 2：冠狀動脈介入治療（通波仔）及兩個支架植入
扣除資助後費用為 HK\$52,000（原價：HK\$160,000）

項目費用包括：

- 本院指定心臟科醫生的手術前臨床評估費用、手術費、巡房費及出院後 1 次覆診診金
- 本院指定的冠狀動脈支架（數量根據所參與的計劃而定）
- 心導管檢查及介入治療手術室之基本費用
 - 基本消耗品/物料
 - 基本藥物，包括局部麻醉之藥物
 - 2 小時檢查程序
 - 基本儀器
- 標準房間住宿及護理收費（24 小時）[^]
- 血管內超聲波檢查（血管內超聲波、冠狀動脈內光學相干斷層掃描儀或血流儲備分數其中 1 項）

項目費用不包括：

- 餐膳
- 個人用品費
- 因個別情況而安排項目以外的檢查、化驗、治療、手術和護理的相關費用
- 延長住宿[^]及延長住宿引起之醫生巡房費、藥物和護理費用
- 緊急服務或因治療程序引起之併發症所需費用

[^] 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 1 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，請參考本院網站 www.hkah.org.hk/tc/fee_schedule

（二）申請人基本要求

1. 香港永久居民；
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. 經醫生確診患有冠心病
5. 正於醫院管理局醫院輪候接受是項手術
6. 個人每月入息不超過 HK\$25,000
7. 個人總資產淨值不超過 HK\$360,000（自住物業不包括在內）

一、申請須知及條款細則

(三) 申請程序

1. 填妥申請表格，連同所需文件，通過以下方式遞交：
 - a. 電郵至 foundation@hkah.org.hk；或
 - b. WhatsApp 至 9765 2061；或
 - c. 傳真至 (852) 3651 8840。
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. 每個申請必須經由港安醫院慈善基金（慈善基金）經濟審查。無論是否合適，慈善基金都會於 30 個工作天內由專人通知結果。
4. 完成經濟審查後列為合適的申請人會安排接受 1 次由香港港安醫院—司徒拔道（本院）指定心臟科醫生主理的手術前臨床評估，以決定是否適合進行項目（一）之有關手術。
5. 如評估為適合進行項目（一）之有關手術，將會安排相關醫療程序。手術只可於本院內進行，並由本院指定心臟科醫生主理。

(四) 所需文件

- 已填妥並簽署的申請表格
- 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）
- 最近 3 個月內的住址證明副本
- 最近 12 個月所有銀行戶口記錄副本
- 醫院管理局醫院發出的覆診紙副本
- 醫院管理局醫院於最近 6 個月內發出的「通波仔」手術通知書副本

(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. 手術於本院內進行，並由本院指定心臟科醫生主理。
3. 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。
4. 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，本院和慈善基金有權不予授理。
5. 申請人必須遞交齊全的文件後，才會正式審批。
6. 如有需要，本院和慈善基金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。
7. 資助名額有限，本院和慈善基金保留最終決定權，申請人不得異議。
8. 本院和慈善基金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。

(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和慈善基金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「冠狀動脈介入治療（通波仔）資助計劃」（本計劃）或其他由政府或非政府機構資助的心臟介入治療計劃。
2. 本人不是現職於香港港安醫院—司徒拔道（本院）、香港港安醫院—荃灣或港安醫院慈善基金（慈善基金）。
3. 本人 有近親現職於本院或慈善基金，其職位為_____ / 沒有近親現職於本院或慈善基金。
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、本院及慈善基金之條款及受其約束。
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及慈善基金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

(請在適當方格填上☑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)			
是否正輪候公立醫院	<input type="checkbox"/> 是	<input type="checkbox"/> 否	
手術輪候日期	_____年_____月		
是否有醫院管理局醫院發出的轉介信	<input type="checkbox"/> 是	<input type="checkbox"/> 否	
是否有醫院管理局醫院發出的覆診紙	<input type="checkbox"/> 是	<input type="checkbox"/> 否	
轉介人 (如適用)	<input type="checkbox"/> 心臟科醫生	<input type="checkbox"/> 社工	<input type="checkbox"/> 自行申請

二、病歷記錄			
1. 病情			
2. 診治公立醫院			
3. 最近檢查日期	_____年_____月		
4. 是否曾接受相關手術	<input type="checkbox"/> 是 (手術年份: _____)	<input type="checkbox"/> 否	
5. 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	
6. 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
	腎病	<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
	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
	睡眠窒息症	<input type="checkbox"/> 有, 並且 <input type="checkbox"/> 有/ <input type="checkbox"/> 沒有使用呼吸機	<input type="checkbox"/> 沒有
	柏金遜症	<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

二、病歷記錄	
	其他，請註明 <hr/> 並且 <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"/> 本人為香港永久居民； <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"/> 本人正於醫院管理局醫院輪候「通波仔」手術 <input type="checkbox"/> 遞交已填妥並簽署的申請表時，已附下列文件： <ul style="list-style-type: none"> <input type="checkbox"/> 病人及監護人（如適用）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"/> 最近 3 個月內的住址證明副本 <input type="checkbox"/> 最近 12 個月所有銀行戶口記錄副本 <input type="checkbox"/> 醫院管理局醫院發出的覆診紙副本 <input type="checkbox"/> 醫院管理局醫院於最近 6 個月內發出的「通波仔」手術通知書副本

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

常見問題及答案

1. 「醫健通」是甚麼？如何申請？

「醫健通」是由香港政府開發的一個電子平台，可於網上申請，詳情請瀏覽有關網站 (www.ehealth.gov.hk/tc/) 或致電 (852) 3467 6300 查詢。香港港安醫院—司徒拔道（本院）會透過「醫健通」查看申請人於公立醫院的醫療記錄作審核。

2. 申請需時多久？成功申請後，多久才會安排做手術？

每個申請都會由港安醫院慈善基金（慈善基金）會作出經濟審查。無論是否合適，慈善基金都會於 30 個工作天內由專人通知結果。完成經濟審查後列為合適的申請人會安排接受 1 次由本院指定心臟科醫生主理的手術前臨床評估，以決定是否適合進行項目（一）之有關手術。

如評估為適合進行有關手術，將會安排相關醫療程序，一般可以安排 1 至 3 個月內進行。如屬緊急情況，我們會酌情優先處理。

3. 冠狀動脈介入治療（通波仔）的過程是怎樣？手術需時多久？

手術需局部麻醉。醫生會從病人手腕或大腿內側動脈放入微細導管，延伸至收縮的心臟血管位置，於導管放出小球囊，充氣後撐開血管，再植入支架避免血管再度收縮。一般於手術後翌日可出院。

4. 手術後如何跟進？

本計劃已包括一次出術後覆診，由本院指定心臟科醫生主理。本院心臟科醫生亦會提供轉介信，讓病人於手術後到公立醫院繼續跟進。

PCI Subsidy Scheme Participant Consent Form

1. I have read and agree to be bound by the terms and conditions stipulated in the “Application Guide and Terms & Conditions” section of this document, as well as the terms and conditions in relation to the Scheme, Hong Kong Adventist Hospital – Stubbs Road, and Hong Kong Adventist Hospital Foundation.

2. I consent to the performance of _____ operation by Dr. _____ in addition to or different from those now contemplated, whether or not arising from presently unforeseen emergency, which the above-named doctor or his associates or assistants may consider necessary or advisable in the course of the operation.

I, the undersigned, have read, and fully understand and agree to the above statements.

Signature of Applicant

(HKID Number: _____)

Date

參加冠狀動脈介入治療（通波仔）資助計劃（本計劃）同意書

1. 本人已詳閱及同意接受本計劃「說明書」所包括負責條款，及其他有關本計劃、香港港安醫院—司徒拔道及港安醫院慈善基金之條款細則，及受其約束。
2. 本人同意由_____醫生為本人進行_____手術（該手術）及/或於該手術期間如遇到非目前可預見的緊急情況下，上述醫生或其同事或助理在該手術過程中可能有必要或建議參予該手術。

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