



養和醫療
HKSH Medical Group

服務費用預算-表格 1 (只供參考)
Budget Estimate-Form1 (For Reference Only)

姓名 Name	_____		
年歲 Age	性別 Sex	M / F	香港身份證號碼 HK ID No.
房 / 床號 Ward / Bed No.	_____		
	醫院號數 Hosp/O.P.D No.		

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 estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

病人姓名載於本服務費用預算右上角 The Patient is named at the top right corner of this form.

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) (港幣 HKD)

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

治療程序/手術費 Treatment Procedure / Surgical Operation Fee: \$ _____

麻醉科醫生費 Anaesthesiologist's Fee: \$ _____

其他專科醫生診療費用 Other Specialists' Consultation Fee:
(請註明Please Specify) _____ \$ _____

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
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預算醫院費用 Estimated Hospital Charges¹ (港幣 HKD) (由醫生根據醫院提供的收費資料及過往公布的療程費用填寫 To be completed by doctor based on the charges information provided by the hospital & published hospital historical data of procedure charges)²

住宿 Room Charges: \$ _____ x _____ 日 Day(s)

手術室及相關物料費用
Operating Theatre and Associated Materials Charges: \$ _____

診斷程序 Diagnostic Procedures: \$ _____

其他醫院收費 Other Hospital Charges³: \$ _____

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，僅為參考，實際收費會視乎個別人士的情況，病人實際接受的治療、程序及服務而定，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. Actual charges may vary according to individual circumstances and actual treatment, procedures and services received. 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 the 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
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備註 Remarks:

- 「預算醫院費用」將按本院編訂各種房間類別之收費表釐訂，如實際入住有別於本表格標明之房間類別，則「預算醫院費用」需重新預算。
Estimated Hospital Charges is made in accordance with the Hospital's scale of charges for the particular type of accommodation chosen. Estimated Hospital Charges would need to be re-estimated if the final class of ward is different from the one stated in this form.
- 本院公布的療程費用，是根據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)。Hospital historical data of procedure charges are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital 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.
- 「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.
- 病房分類及收費請參考網頁<http://www.hksh-hospital.com> For Accommodation Charges, please refer to our webpage: <http://www.hksh-hospital.com>
- 本服務費用預算之有效期為: _____ (由簽發日期起) Validity of this Budget Estimate: _____ (from the date of issue)
- 醫院會將已簽署之表格存放於病人的醫療記錄內(如有)。A signed copy of this form will be placed in hospital's medical records if available.

