

按服務收費 - 費用預算
(只供參考)
**FEE-FOR-SERVICE
BUDGET ESTIMATE
(For Reference Only)**

Affix Admission Label if any

Name (English & Chinese):

Date of Birth:
(dd-mm-yyyy)

Sex:

ID No.:

本表格正本會存放在醫院的病人醫療紀錄內，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.

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: Dr. _____

表格 A: 預算醫生費用 (由醫生填寫)

Form A: Estimated Doctor's Fees (To be completed by doctor)

每日醫生費 Daily Attending Doctor Fee	\$ _____	x	_____ 日 day(s)
醫生手術費 Surgeon Fee	\$ _____		
麻醉科醫生費 Anaesthesiologist Fee	\$ _____		
其他專科醫生診療費用 (請註明) Other Specialist's Consultation Fee (Pls Specify):	Dr. _____ \$ _____	Dr. _____ \$ _____	
其他項目及收費 Other Items and Charges:	\$ _____		
		小計	Subtotal \$

本人已向病人/ 親屬/ 監護人解釋上述預算費用，並徵得其同意。

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

Dr. _____

醫生簽署 Doctor's Signature

醫生姓名 Doctor's Name

日期 (日/月/年) Date (dd/mm/yyyy)

表格 B: 預算醫院費用 (由醫生根據醫院提供的收費資料填寫)

Form B: Estimated Hospital Charges (To be completed by doctor based on the charges information provided by hospital)

*只有填妥下列預算醫院費用才成為有效的費用預算 *The budget estimate shall only be valid when Form B is completed

住宿 Room	\$ _____	x	_____ 日 day(s)
手術室及相關物料費用 (備註 1) OT and Associated Materials Charges (Remarks 1)	\$ _____		
診斷程序 Diagnostic Procedures	\$ _____		
其他醫院收費 (備註 2) Other Hospital Charges (Remark 2)	\$ _____		
		小計	Subtotal \$

病人簽署 **Patient's Signature**

表格 A + 表格 B 總計
Form A + Form B Total \$

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/ 監護人簽署

Patient/ Next-of-kin/ Guardian's Signature

病人/ 親屬/ 監護人姓名

Patient/ Next-of-kin/ Guardian's Name

日期 (日/月/年)

Date (dd/mm/yyyy)

備註 Remarks:

- 表格內列出醫院費用預算的參考幅度數字，是接受同類治療的方案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 relevant treatments 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.
- 本院的每天住院房租，請參考網頁 <http://www.cuhkmc.hk>。Our hospital's Room Charges, please refer to our webpage: <http://www.cuhkmc.hk>.

有效期: 由簽署日起計 2 個月

Valid Period: 2 months from the date of signature

