



寶血醫院(明愛)

Precious Blood Hospital (Caritas)

香港九龍深水埗青山道113號

113 Castle Peak Road, Shamshuipo, Kowloon, Hong Kong

服務費用預算 Budget Estimate

預算醫生費用及醫院費用

Estimated Doctor's Fees & Hospital Charges

Name (Eng) _____

(Chin) _____

Date of Birth _____ (dd/mm/yy)

HKID /Passport No. _____

Telephone 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.

初步診斷

Provisional Diagnosis: _____

預計住院時間

Estimated Length of Stay: _____ 日 Day(s)

治療 / 手術

Treatment / Surgical Operation: _____

主診醫生

Attending Doctor: _____

甲部

預算醫生費用 (由醫生填寫)

Part A:

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

每日醫生巡房費

Daily Doctor's Round Fee: \$ _____ - X _____ 日 (days)

醫生費

Doctor's Fee: \$ _____ -

麻醉科醫生費

Anaesthetist's Fee: \$ _____ -

其他專科醫生診療費用 (請註明)

Other Specialists' Consultation Fee (Please Specify): \$ _____ -

其他項目及收費

Other Items and Charges: \$ _____ -

總計
Total \$ _____ -

乙部**預算醫院費用 (由醫生根據醫院提供的收費資料填寫)****Part B:****Estimated Hospital Charges****(To be completed by doctor based on the charges information provided by hospital)**

住院房租 Room Charges:	日數 (days)
頭等 1st Class \$ 1,820	
二等 2nd Class \$ 1,120	
三等 3rd Class \$ 850	

住宿 \$ -
Room: _____

手術室及相關物料費用 (備註1)

Operating Theatre and Associated Materials Charges (Remark 1) \$ -

其他醫院收費 (備註2)

Other Hospital Charges (Remark 2) \$ -

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，並以醫院帳單所列表為準。

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
Patient/Next-of-kin/Authorized Person Signature_____
日期
Date**備註 Remarks:**

- 表格內列出醫院費用預算的數字，是根據上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)。
Figures listed are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year 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、診斷程序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, diagnostic procedures and other non-Operating Theatre related charges.
- 其他特殊病房收費請參考網頁<http://www.pbh.hk>
For other special beds, please refer to our webpage: <http://www.pbh.hk>