

服務費用預算 (只供參考)  
Budget Estimate (For Reference Only)

Name (Eng) \_\_\_\_\_  
(Chin) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (dd/mm/yy)  
HKID / Passport 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: \_\_\_\_\_

醫療程序/手術名稱 Name of Procedure / Operation: \_\_\_\_\_

預算手術時間 Estimated Treatment / Surgical Operation time: \_\_\_\_\_ 小時 Hour(s)

預計住院時間 Estimated Length of Stay: \_\_\_\_\_ 日 Day(s) 等級 Class: 標準 Standard

主診醫生 Attending Doctor: \_\_\_\_\_

甲部 Part A: 預算醫生費用 (由醫生填寫) Estimated Doctor's Fees (To be completed by doctor)		
每日醫生巡房費 Daily Doctor's Round Fee:	\$ _____	x _____ day(s) 日
醫生費 Doctor's Fee:	\$ _____	
麻醉科醫生費 Anaesthetist's Fee:	\$ _____	
其他項目及收費 Other Items and Charges:	\$ _____	
<b>醫生費總計 Doctor Fee Total</b>	<b>\$ _____</b>	

乙部 Part B: 預算醫院費用 Estimated Hospital Charges	
總預算為甲部醫生費總計+乙部醫院費用預算，若選半私家房及私家房之收費約為標準房之1.25倍及1.5倍	
房租: 住院日數 Room charge: Length of stay	\$ _____ -
手術室及相關物料費用 Operating Theatre and Associated Materials Charges	\$ _____ - ( _____ 分鐘 minutes)
其他醫院收費* Other Hospital Charges*	\$ _____ - (不包括化驗、影像診斷及手術超時等費用)
<b>醫院費用預算 Estimate Hospital Charges</b>	<b>\$ _____ - - -</b>

房租 Room Charges:	
私家 Private	\$ 2,350
半私家 Semi-private	\$ 1,750
標準 Standard	\$ 850

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		
本人知悉服務預算套餐費用並無法律效力，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。 <b>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。</b>		
I understand that this package 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/Authorised Person Signature	日期 Date

\*備註 Remarks:

- 表格內列出醫院費用預算的數字，是根據去年本院接受同類治療的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有差異(例如療程選擇、藥物處方、使用物料等)。  
Figures listed above are derived from statistics of actual discharge bills of 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、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 charges including nursing care, consumables, drugs, investigations and other non-Operating Theatre related charges.
- 上述收費以標準房等級計算，半私家房及私家房之收費約為標準房之1.25倍及1.5倍。  
The hospital surcharge for Semi-private Room and Private Room was about 25% & 50% on top of the standard charges.
- 不包括化驗及影像診斷等費用。  
The charges not include laboratory tests and diagnostic imaging services fee.
- 本服務費用預算之有效日期為60日(由簽發日期起)。  
This budget estimate is valid within 60 days from the date of signature.