

For Obstetrics Use



服務費用預算 (只供參考) Budget Estimate (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 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: Pregnancy

預計住院時間 Estimated Length of Stay: 5 日Day(s) 病房級別 Class of Ward: General, Semi Private, Private

治療程序/ 手術 Treatment Procedure / Surgical Operation: Not Timed Lower Segment Caesarean Section

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) (HK\$)

	General 普通房	Semi Private 半私家	Private 私家房
醫生費 Doctors' Fees	\$	\$	\$
醫生巡房費(日)Ward Round Doctors' Fees (per day)	\$	\$	\$
駐院麻醉科醫生收費 In-house Anesthesiologist's Fee	\$	\$	\$
總計 Total	HK\$	HK\$	HK\$
駐院兒科醫生巡房費(日) In-house Pediatrician's Ward Round Doctor'	\$/ day(日)	\$/ day(日)	\$/ day(日)

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/ authorized 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 (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

	General 普通房	Semi Private 半私家房	Private 私家房
產科套式收費 Maternity Package	HK\$	HK\$	HK\$
其他醫院收費 Other Hospital Charges	HK\$	HK\$	HK\$
總計 Total	HK\$	HK\$	HK\$

以上費用詳情請參閱產科套式收費單張。Please refer to Maternity package leaflet for details.

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.

