



Canossa
HOSPITAL (CARITAS)

嘉諾撒醫院

服務費用預算(只供參考)

Budget Estimate (For Reference Only)

病人姓名 Patient's Name :

香港身份證 / 護照號碼 HKID Card / Passport No.:

性別 / 年齡 Sex / Age :

病房級別 Class of Ward:

主診醫生 Attending Doctor :

(請貼上病人標籤 Please affix patient's label)

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。

The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference.

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 : _____

治療程序 / 手術 Treatment Procedure / Surgical Operation : _____

病房級別 Class of Ward: 普通房 General 半私家房 Semi-private 私家房 Private 或 or 門診 / 日間手術 Outpatient / Day surgery

預計住院時間 (Estimated length of stay): _____ 日 Day(s)

預算醫生費用 Estimated Doctor's Fees --- 由醫生填寫 To be completed by doctor

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

手術費 Surgical 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 \$ _____

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

預算醫院費用 Estimated Hospital Charges

由醫生根據醫院提供的收費資料填寫 (To be completed by doctor based on the charges information provided by hospital)

住宿 Room Charges \$ _____ X _____ 日 Day(s)

手術室及相關物料費用¹ \$ _____

Operating Theatre and Associated Materials Charges¹ \$ _____

其他醫院收費² Other Hospital Charges² \$ Not confirmed 未確定

總計 Total \$ Not confirmed 未確定

病人簽署 Patient 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，並以醫院帳單所列為準。

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from disease 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

病人 / 親屬 / 獲授權人士簽署

日期

Name of Patient / Next-of-kin / Authorised Person

Signature of Patient / Next-of-kin / Authorised Person

Date

備註 Remarks:

1. 表格內列出醫院費用預算的數字，是根據去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.

2. 「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.

本院的每天住院房租收費，請參考本院網頁 <http://www.canossahospital.org.hk>。

For the room charges of our hospital, please refer to our webpage: <http://www.canossahospital.org.hk>.