

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

Patient' Name (English):	_____
病人姓名 (中文):	_____
HKID/Passport no.:	_____
身份證/護照號碼:	_____
Sex / Age :	_____
性別/年齡:	_____
Class of Ward:	_____
病房級別:	_____
Attending doctor:	_____
主診醫生:	_____

The original of this form will be filed as the patient's medical record of the hospital, and copies will be given to patient and doctor for reference. The budget estimate is for reference only. Final payments are subject to charges incurred from treatment, procedures and services received by the patient.

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。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。

1. Basic Information 基本資料

Provisional diagnosis:

初步診斷: _____

Procedure/surgery:

治療程序/手術: _____

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

Procedure length 治療程序時間: _____ hour(s) 時 _____ minute(s) 分

2. Estimated Hospital Charges 預算醫院費

(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)

(a) Ward charges (Note 1) 病房費用 (註 1): \$ _____ x _____ day(s) 日

(b) Operating theatre charges 手術室費用: \$ _____

(c) Prescribed diagnostic imaging tests (Note 2):
訂明診斷成像檢測 (註 2) \$ _____

(d) Miscellaneous charges (Note 3) 雜項開支 (註 3): \$ _____

(e) Others (please specify) 其他 (請註明): \$ _____

Total hospital charges 總計醫院費:	\$
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3. Estimated Doctor's Fees 預算醫生費

(由醫生填寫 To be completed by doctor)

(a) Attending doctor's visit fee 主診醫生巡房費: \$ _____ x _____ day(s) 日

(b) Surgeon's fee (Note 4) 外科醫生費 (註 4): \$ _____

(c) Anaesthetist's fee 麻醉科醫生費: \$ _____

(d) Specialist's fee (Note 5) 專科醫生費 (註 5): \$ _____

(e) Others (please specify) 其他 (請註明): \$ _____

Total doctor's fees 總計醫生費:	\$
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4. Charges for Special Instrument, Implants 特殊器械、植入物費用

(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)

(a) Special Instrument 特殊器械: \$ _____

(b) Implants 植入物: \$ _____

Total charges for Special Instrument, Implants:	\$
總計特殊器械、植入物費用	

I have explained to the patient/family member/authorised person details of the above estimated doctor's fees and have sought his/her agreement.

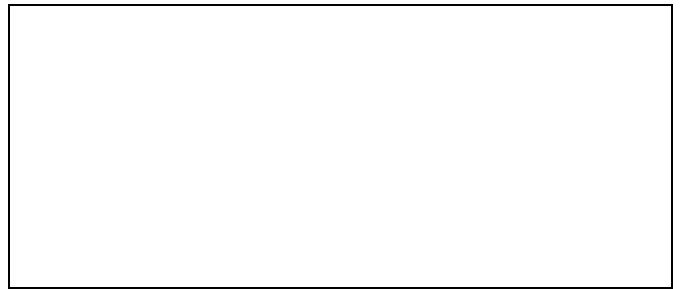
本人已向病人/家屬/獲授權人士解釋上述預算醫生費，並徵得其同意。

Name of doctor 醫生姓名: _____ **Date 日期:** _____

Signature of doctor 醫生簽署: _____



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5. Signature of Patient 病人簽署

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services received by the patient and should be made in accordance with hospital invoice.

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。

Name of patient/family member/authorised person:

病人／家屬／獲授權人士*姓名

Signature of patient/family member/authorised person:

病人／家屬／獲授權人士*簽署

Date 日期: _____

* Please cross out as appropriate. 請刪去不適用者。

Note 備註:

1. Figures listed under the reference range of estimated hospital charges 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.

表格內列出醫院費用預算的參考幅度數字，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）。

2. "Prescribed diagnostic imaging tests" shall mean computed tomography (CT scan), magnetic resonance imaging (MRI scan), positron emission tomography (PET scan), PET-CT combined and PET-MRI combined.

「訂明診斷成像檢測」包括電腦斷層掃描（CT 掃描）、磁力共振掃描（MRI 掃描）、正電子放射斷層掃描（PET 掃描）、PET-CT組合及 PET-MRI 組合。

3. "Miscellaneous Charges" are miscellaneous expenses charged where the person is confined in a hospital or on the day the patient undergoes any day case procedure for receiving medical services, including:

- (i) road ambulance service to and/or from the hospital;
- (ii) administering anaesthesia and oxygen administration;
- (iii) administrative charges for blood transfusion;
- (iv) dressings and plaster casts;
- (v) diagnostic imaging services, including ultrasound and X-ray, and their interpretation, but excluding the prescribed diagnostic imaging tests in Note 2;
- (vi) intravenous ("IV") infusions, including IV fluids;
- (vii) laboratory examinations and reports, including the pathological examination performed for the surgery or procedure during the confinement or any day case procedure;
- (viii) rental of walking aids and wheelchairs for inpatients; and
- (ix) physiotherapy, occupational therapy and speech therapy during confinement.

「雜項開支」是病人於住院期間或在接受任何日間手術當日，就接受醫療服務所收取的雜項開支，包括：

- (i) 往返醫院的救護車服務；
- (ii) 施行麻醉及提供氧氣；
- (iii) 輸血行政費；
- (iv) 敷料及石膏模；
- (v) 診斷成像服務，包括超聲波及 X 光以及其分析，但不包括備註 2 的訂明診斷成像檢測；
- (vi) 靜脈注射，包括注射液；
- (vii) 化驗及其報告，包括為住院期間的手術或治療程序或日間手術所進行的病理學檢驗；
- (viii) 住院病人租用輔助步行器具及輪椅的費用；及
- (ix) 住院期間的物理治療、職業治療及言語治療。

4. "Surgeon's Fee" is the fee charged by the attending surgeon on a surgical procedure performed to a patient.

「外科醫生費」是主診外科醫生為病人進行手術所收取的費用。

5. "Specialist's Fee" is the fee charged for visit or consultation by a specialist as recommended in writing by the attending doctor.

「專科醫生費」是主診醫生的書面建議下接受專科醫生的診治，包括該專科醫生就巡房或診症收取的費用。