

XXX醫院住院及手術費用預計表¹

Financial Estimation Form for Hospital Admission and Surgery in XXX Hospital

說明： 本表格由醫生填寫。表格中所預計的費用是參考自XXX醫院過往的相關醫療數據。**預計費用只能作為參考**，客人最終應繳的費用乃根據其實際接受的所有治療、程序及服務而計算。

This form is to be completed by the doctor for the patient's budget **reference only**. The **ESTIMATION** is based on average charges of XXX Hospital's past data. The final invoice is calculated with all particulars and charges incurred from actual treatment, procedures and services performed.

姓名(中文) 姓名(英文) * 請刪除不適用的項目 Please delete inappropriate item(s)
Name in Chinese: Name in English: * 身份證號碼 / 護照號碼
* HKID / Passport No.:
初步病情診斷 Provisional Diagnosis:
預計住院時間 Estimated Length of Stay: * 小時 Hour(s) / 日 Day(s)
病房級別 Class of bed
手術類型 Procedure / Surgical Operation:

預計醫院費用 Estimated Hospital Charges

預計醫院費用總額 Lump Sum \$ ~
其他項目及收費 Other Items/Charges \$ ~
\$ ~
\$ ~

預計醫生費用 Estimated Doctor's Fees

每日醫生巡房費 Daily Doctor's Round Fee \$ x day(s) \$ ~
手術費 Surgical Fee \$ ~
麻醉科醫生費 Anaesthetist Fee \$ ~
住院專科醫生診療費用 In-hospital Specialist's Fee \$ ~
\$ ~
\$ ~
其他項目及收費 Other Items/Charges \$ ~
\$ ~
\$ ~

總計 Total \$

本人已獲悉上述醫療費用的預計數目且並不包括因併發症所產生的額外醫療費用，明白數據只能作參考，並同意最終應繳付的費用以醫院賬單所列為準。

I fully understand the above estimation is for reference only, and it does not cover additional charges due to complications. I agree to pay my bill according to the final hospital invoices.

* 病人 / 父母 / 監護人姓名
Name of * Patient / Parents / Guardian
(請用正楷填寫 Name in BLOCK letter)

* 病人 / 父母 / 監護人簽署
Signature of * Patient / Parents / Guardian

日期
Date

見證人姓名
Name of Witness
(請用正楷填寫 Name in BLOCK letter)

見證人簽署
Signature of Witness

* 請刪除不適用的項目 Please delete inappropriate item(s)

聲明 Declaration

本人已向上述簽署者解釋有關醫院及醫生費用等的預計數目，並已解答其提出有關費用方面的查詢。此表格的正本會存放在XXX醫院的病人醫療記錄內，副本已提供予病人/家屬作參考。
I have already explained to the above signer the details of the estimated costs for hospital charges and doctor's fees, and have answered the questions raised. The original copy of this form is kept in XXX Hospital's medical records, and a duplicate copy has been given to the patient / next of kin for reference.

醫生姓名
Name of Doctor
(請用正楷填寫 Name in BLOCK letter)

醫生簽署
Signature of Doctor

日期
Date

¹ This drafted form is designed by Private Hospital Association, and has taken reference from 'Financial Counselling Form for Hospital Admission and Day Surgery' used in Singapore. Some parts of content are direct translation from the reference.