

仁安醫院  
UNION HOSPITAL

CONFIDENTIAL

Extra Charges Reminder for  
Imminent Delivery Service in EMC

Please Use ID Label or Block Print			
SURNAME	UNIT RECORD NO.		
GIVEN NAME	CHINESE NAME		
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DOCTOR			
CONSULT. DOCTOR			

日期 Date: \_\_\_\_\_

額外收費 Extra Charges:	<input type="checkbox"/> \$3000	Imminent Delivery Service in EMC (for Booked Case) 急症門診中心緊急接生服務 (適用於已預約產科床位客人)
	<input type="checkbox"/> \$150000	Imminent Delivery Service in EMC (for Non-booked Case) 急症門診中心緊急接生服務 (適用於沒有預約產科床位客人)
	<input type="checkbox"/> \$170000	

\* 客人/家屬簽署

Signature of Client / Relative

急症門診中心職員簽署

Signature of EMC Staff:

病房職員核對及簽署

Check and sign by Ward Staff:

( )

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請於( )內註明關係  
Please state the relationship in ( )

## Charges Description:

A.  Booked Case

EMC Specialist: Dr. \_\_\_\_\_

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Mainland	Emergency Delivery BBA or BOA in EMC, managed by EMC Doctors	
	<input type="checkbox"/> Mainland NSD Singleton Package - Standard Room	(101 100 00083)
	<input type="checkbox"/> Mainland NSD Singleton Package - Twin Room	(101 100 00084)
	<input type="checkbox"/> Mainland NSD Singleton Package - Private Room	(101 100 00085)
<i>Attach ACC-004 Doctor's Professional Fee and write down "Charge as Emergency Delivery BBA or BOA in EMC, Maternity Package for Mainland Mother, i.e. total \$8000"</i> <i>(Patient pay \$3000, \$5000 from package, i.e. \$2000 from Labour Room and \$3000 from OB doctor's fee)</i>		

Local	Emergency Delivery BBA or BOA in EMC, managed by EMC Doctors	
	<input type="checkbox"/> Local NSD Singleton Package - Standard Room	(101 100 00080)
	<input type="checkbox"/> Local NSD Singleton Package - Twin Room	(101 100 00081)
	<input type="checkbox"/> Local NSD Singleton Package - Private Room	(101 100 00082)
<i>Attach ACC-004 Doctor's Professional Fee and write down "Charge as Emergency Delivery BBA or BOA in EMC, Maternity Package for Local Mother, i.e. total \$8000"</i> <i>(Patient pay \$3000, \$2000 from package (Labour Room) and \$3000 from patient's OB doctor's fee)</i>		

Mainland	B. <input type="checkbox"/> Non-booked Mainland Case	
	<input type="checkbox"/> Non-booked Mainland Maternity Emergency Delivery (NSD)	(117 000 00001)
	<input type="checkbox"/> Non-booked Mainland Maternity Emergency Delivery (C/S)	(117 000 00002)
	<i>Attach ACC-004 Doctor's Professional Fee and write down "Charge as Non-booked Mainland Maternity Emergency Delivery (NSD or C/S)"</i>	
Remarks: <input type="checkbox"/> Please ✓ if applicable * Please delete if inappropriate		