

# 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:

☐ \$3000Imminent 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)☐ \$150000

Imminent Delivery Service in EMC (for Non-booked Case)

☐ \$170000

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)

\* 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:

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

## Charges Description:

A. ☐ Booked Case

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

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)
Attach <u>ACC-004 Doctor's Professional Fee</u> and write down " Charge as Emergency Delivery BBA or BOA in EMC, Maternity Package for Mainland Mother, i.e. total \$8000 " (Patient pay \$3000, \$5000 from package, i.e. \$2000 from Labour Room and \$3000 from OB doctor's fee)		

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)
Attach <u>ACC-004 Doctor's Professional Fee</u> and write down " Charge as Emergency Delivery BBA or BOA in EMC, Maternity Package for Local Mother, i.e. total \$8000 " (Patient pay \$3000, \$2000 from package (Labour Room) and \$3000 from patient's OB doctor's fee)		

B. ☐ Non-booked Mainland Case

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

Mainland	<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)
Attach <u>ACC-004 Doctor's Professional Fee</u> and write down " Charge as Non-booked Mainland Maternity Emergency Delivery (NSD or C/S) "		

Remarks: ☐ Please ✓ if applicable  
 \* Please delete if inappropriate

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