

CONFIDENTIAL

FORM: DEPTXXX

## 醫院登記及手術費用諮詢表格

## FINANCIAL COUNSELING FORM FOR HOSPITAL ADMISSION AND DAY SURGERY

說明：本表格由醫院登記工作人員填寫。表格中所預計的費用參考於醫院過往的相關醫療數據，最終為總費用以真實產生的費用為準。  
**Disclaimer:** To be completed by hospital admitting staff for patient's budget reference only. The estimated cost is based on average charges according to Hospital's past data. The final invoice is calculated with all particulars and charges occurred with actual treatment and procedures performed.

姓名(中文)	姓名(英文)	身份證號碼 / 護照號碼
Name in Chinese:	Name In English:	HKID No. / Passport No.:
病情診斷 Provisional Diagnosis:		
預計住院時間 Estimated Length of Stay:		
手術類型 Procedure / Surgical Operation:		

## 預計醫院費用 Estimated Hospital Charges

醫生費 Doctors's Fees	\$ _____
住院費 Ward Charges	\$ _____
治療費 Treatment Fees	\$ _____
手術及手術醫療用品 Procedure / Surgical Operation Fees (including OT, consumables, etc)	\$ _____
植入物 (如適用) Implants (if applicable)	\$ _____
其他費用 (請註明) Other Charges (Please specify):	\$ _____

## 預計醫生費用 Estimated Doctor's Fees

諮詢費 Consultation Fees	\$ _____
手術費 Procedure / Surgical Operation Fees	\$ _____
其他費用 (請註明) Other Charges (Please specify):	\$ _____

總計 Total \$ \_\_\_\_\_

病人姓名 Name of Patient 病人簽署 Signature of Patient 日期 Date

醫院登記工作人員姓名 Name of Hospital Admitting Staff 醫院登記工作人員簽署 Signature of Hospital Admitting Staff

## Declaration

我證明已向上述病人/病人的親屬 (姓名: \_\_\_\_\_) 提供預計的醫生費用，包括於預期服務中需牽涉其他醫生所收取之費用。費用諮詢表格一式兩份。正本存放於仁安醫院病人醫療記錄內，副本已提供給病人以作參考。  
 I certify that the above patient/ patient's next-of-kin (Name: \_\_\_\_\_) has been provided with information on the estimated doctors' fees, including those for anticipated services provided by other doctors in a financial counseling form. The original copy of the financial counseling form is kept in Union Hospital's medical records, and a copy has been given to the patient for reference.

主診醫生姓名 Name of Attending Doctor 主診醫生簽署 Signature of Attending Doctor 日期 Date