仁安醫院
UNION HOSPITAL

Instruction of Surgical Operation Package (Open Heart)

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

Operation Name: _____

Package Price: HK$ _____

Item	Suitable for	Not-Suitable for
Surgeon	Name of Surgeon _____	
Client	☐ For both Hong Kong Resident or Non-resident	☐ Client with chronic illness and co-existing disease. e.g. diabetes mellitus, renal diseases etc.
Charges	**Included Items:** ☐ Standard Room _____ days and ICU _____ days ☐ Length of stay as indicated (count from date of operation or date of joining the operation package) ☐ Pre-operative blood test ☐ Instrument, equipment and consumable for operation ☐ Post-operative care ☐ Surgeon's fee and ward round fee ☐ Anaesthetist's fee ☐ During the same period of hospitalization, all subsequent costs of treatment, surgeon and anaesthetist fees for further operations(s) for complications arising from the above mentioned operations ☐ For extended costs of prolonged hospital stay due to complications, the maximum cover is HK$200,000.	**Excluded Items:** ☐ Additional operation charges which do not related to operation package and any complication ☐ Irrelevant test and examination fee ☐ Consultation fee before admission and after discharge ☐ Pathology test and treatment for neoplastic disease ☐ All meal and sundries charges ☐ Treatment fee for chronic illness and its complications ☐ Treatment fee for illness during hospitalization not related to operation (i.e. the health problem arises during the hospital stay which is not related to operation, e.g. Stroke after operation etc.) ☐ Discharge medication

Remarks:

☐ Surgeon reserves the right and decision as to the suitability of the Open Heart Surgery Operation Package accordingly to individual client's condition during consultation.

☐ Client should join the Open Heart Surgery Operation Package before the operation. Cancellation of Open Heart Surgery Operation Package is not feasible when the admission procedure has been completed nor after the operation.

☐ Application for the Open Heart Surgery Operation Package after the operative procedure will not be accepted once the client has been admitted and the operation has been started.

☐ Since there is upper limit on doctor's fee for all packages, the total charge may be lower.

☐ Client should settle all package payment on admission.

☐ Client may opt for interest-free instalment package as offered by some credit card companies. Details are available at our Cashier.

☐ No special offer or discount will be offered to the Open Heart Surgery Package and Union Hospital's general promotional offers or discounts are not applicable to the Package.

☐ The payment could be deferred when it is a dire emergency.

Signature of Client: _____

Name of Client: _____
(Name in Block Letter)

Date: _____

Signature of Staff: _____

Name of Staff: _____
(Name in Block Letter)

Date: _____

NUA-240-12-2035e(R4)

Effective since 15-05-2012

Approved by DON & DDON

仁安醫院
UNION HOSPITAL

#5 手術套餐收費及使用細則 (心臟外科)

SURNAME			UNIT RECORD NO.	
GIVEN NAME			CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE & TIME	
ATTENDING DOCTOR				
CONSULT. DOCTOR				

手術名稱：_____   套餐價錢：HK$ _____

項目	適用於	不適用於
參予手術之醫生	醫生姓名：_____	
顧客	☐ 香港居民或非香港居民	☐ 患有長期慢性疾病的人士，例如：糖尿病或腎病等。
收費內容	<u>套餐收費已包括</u> ☐ 入住標準病房 _____ 日 及深切治療部 _____ 日 ☐ 有關手術套餐列明的住院日數 （由手術日開始或確立手術套餐日期開始計算） ☐ 有關手術前所需之血液檢查 ☐ 手術設備及物品 ☐ 手術後之護理 ☐ 醫生費及巡房費 ☐ 麻醉醫生費 ☐ 因該手術引起之併發症,所需之住院、診斷治療、醫生及麻醉醫生之費用，均不另收費。(只限該手術住院期間) ☐ 因併發症而延長住院的費用，最高保障可達港幣二十萬元	<u>套餐收費不包括</u> ☐ 與該手術無關之額外手術收費及額外手術所引起的併發症的治療費用 ☐ 與該手術無關之檢查及診斷該症之檢查 ☐ 入院前的診症及出院後的覆診費用 ☐ 因癌症引起的化驗及治療程序之費用 ☐ 所有膳食及雜項收費 ☐ 因長期病患及其併發症引起的治療費用 ☐ 與該手術無關而於住院期間發生病患之治療費用(即於住院期間發生手術以外的健康問題，例如手術後中風等) ☐ 出院藥物

附註：
☐ 是否適合接受心臟手術套餐需由醫生視診後，根據顧客之情況而決定。
☐ 所有已選之心臟手術套餐，在入院登記或進行手術後，皆不能由顧客自行取消。
☐ 心臟手術套餐之確立必須在手術前，在手術後將不接受申請。
☐ 所有心臟手術套餐收費之醫生收費，每位醫生根據不同手術而設定上限，故此類手術套餐式收費之整體性收費只會向下調而不會向上升。
☐ 顧客需在入院時繳交全部手術套餐費用。
☐ 顧客可選擇免息分期付款，有關手續可在繳費處辦理。
☐ 此心臟手術套餐不設優惠或折扣,也不能與推廣優惠同時使用。
☐ 如需即時進行手術的，顧客可留待手術後才繳交全部費用。

顧客簽署：_____   姓名：_____
                                        （請用正楷填寫）

                                       日期：_____

職員簽署：_____   姓名：_____
                                        （請用正楷填寫）

                                       日期：_____

手術套餐收費及使用細則（心臟外科）