

# 仁安醫院 UNION HOSPITAL

## Instructions of Urology Operation Package

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	

Operation Name: \_\_\_\_\_

Package Price: HK\$ \_\_\_\_\_

Item	Applicable	Not-applicable
Surgeon	Name of Surgeon: _____	
Client	<input type="checkbox"/> Both Hong Kong Resident and Non-resident	<input type="checkbox"/> Client with chronic illness and co-existing diseases. e.g. Diabetes mellitus, heart disease or renal diseases, etc
Charges	<b>Included Items:</b> <b>1. All urology operation package (except Cystoscopy):</b> <input type="checkbox"/> Stay in Standard Room for _____ days <input type="checkbox"/> Length of stay as indicated (count from date of admission or date of joining the operation package) <input type="checkbox"/> Essential pre-operative investigation <input type="checkbox"/> Instrument, equipment and consumable for operation <input type="checkbox"/> Post-operative care <input type="checkbox"/> Surgeon's fee and ward round fee <input type="checkbox"/> Anaesthetist's fee <b>2. For Cystoscopy only:</b> <input type="checkbox"/> For diagnostic examination only, including essential medication, endoscopy equipment and materials for the procedure <input type="checkbox"/> Surgeon's fee <b>3. For all urology operation package and Cystoscopy:</b> <input type="checkbox"/> 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 <input type="checkbox"/> For extended costs of prolonged hospital stay due to complications, the maximum cover is HK\$200,000.	<b>Excluded Items:</b> <input type="checkbox"/> Additional operation charges which do not related to operation package and any complications <input type="checkbox"/> Irrelevant test and examination fee <input type="checkbox"/> Consultation fee before admission and after discharge <input type="checkbox"/> Pathology test and treatment for neoplastic diseases <input type="checkbox"/> All meal and sundries charges <input type="checkbox"/> Treatment fee for chronic illness and its complications <input type="checkbox"/> Treatment fee for illness during hospitalization not related to operation <input type="checkbox"/> Discharge medication

### Remarks:

- ☐ Surgeon reserves the right and decision as to the suitability of Operation Package accordingly to individual client's condition during consultation.
- ☐ Client should join the Operation Package before the operation. Cancellation of Operation Package is not feasible when the admission procedure has been completed nor after the operation.
- ☐ For Cystoscopy, client should join the Operation Package before the endoscopy examination. Cancellation is not feasible when the registration procedure has been completed nor after the endoscopy examination.
- ☐ Application for the Operation Package after the operative procedure will not be accepted once the client has been admitted and the operation has been started.
- ☐ For Cystoscopy, application for the Operation Package after the endoscopy examination will not be accepted once the registration procedure has been completed and the endoscopy examination 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. For cystoscopy, client should settle the all package payment before procedure.
- ☐ Client may opt for interest-free instalment package as offered by some credit card companies. Details are available at our Cashier.
- ☐ Other special offer or discounts will not be applicable with anyone of our Operation Packages.
- ☐ The payment could be deferred when it is a dire emergency.

Name: \_\_\_\_\_  
(Name in Block Letter)

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name: \_\_\_\_\_  
(Name in Block Letter)

Date: \_\_\_\_\_

Instructions of Urology Operation Package

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

#2

套餐收費及使用細則(泌尿科)

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	<input type="checkbox"/> 香港居民或非香港居民	<input type="checkbox"/> 患有長期慢性疾病的人士, 例如: 糖尿病、心臟病或腎病等。
收費內容	<p><b>套餐收費已包括</b></p> <p>1. <u>泌尿科手術套餐(膀胱鏡檢查除外)</u></p> <p><input type="checkbox"/> 入住標準房 _____ 日</p> <p><input type="checkbox"/> 有關手術套餐列明的住院日數 (由入院日或確立手術套餐日開始計算)</p> <p><input type="checkbox"/> 有關手術前所需之檢查</p> <p><input type="checkbox"/> 手術設備及物品</p> <p><input type="checkbox"/> 手術後之護理</p> <p><input type="checkbox"/> 醫生費及巡房費</p> <p><input type="checkbox"/> 麻醉科醫生費</p> <p>2. <u>膀胱鏡檢查套餐</u></p> <p><input type="checkbox"/> 只限診斷程序, 包括內視鏡程序時所用之藥物、內視鏡設備及物品</p> <p><input type="checkbox"/> 醫生費</p> <p>3. <u>所有泌尿科手術套餐及膀胱鏡檢查套餐</u></p> <p><input type="checkbox"/> 因該手術引起之併發症所需之住院、診斷治療、醫生及麻醉科醫生收費, 均不另收費。(只限該手術住院期間)</p> <p><input type="checkbox"/> 因併發症而延長住院的費用, 最高保障可達港幣二十萬元</p>	<p><b>套餐收費不包括</b></p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 與該手術無關之檢查及診斷該症之檢查</p> <p><input type="checkbox"/> 入院前的診症及出院後的覆診費用</p> <p><input type="checkbox"/> 因癌症引起的化驗及治療程序之費用</p> <p><input type="checkbox"/> 所有膳食及雜項收費</p> <p><input type="checkbox"/> 因長期病患及其併發症引起的治療費用</p> <p><input type="checkbox"/> 與該手術無關而於住院期間發生病患之治療費用</p> <p><input type="checkbox"/> 出院藥物。</p>

附註:

- ☐ 是否適合接受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。
- ☐ 膀胱鏡檢查套餐, 在登記或進行檢查後, 皆不能由顧客自行取消。
- ☐ 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之費用, 而膀胱鏡套餐則需在檢查前繳交全部手術套餐之費用。
- ☐ 顧客可選擇免息分期付款, 有關手續可在繳費處辦理。
- ☐ 此套餐收費不能與其他折扣或推廣優惠同時使用。
- ☐ 如需即時進行手術, 顧客可留待手術後才繳交全部費用。

姓名: \_\_\_\_\_ (請用正楷填寫)

顧客簽署: \_\_\_\_\_ 日期: \_\_\_\_\_

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

日期: \_\_\_\_\_

套餐收費及使用細則(泌尿科)