

Quotation Forms - Procedures

#1

安醫院
UNION HOSPITAL

門診醫療程序收費報價單

Outpatient Procedure Charges Quotation

CONFIDENTIAL

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

SAMPLE

手術/治療程序：

Operation / Treatment : _____

醫生費：

Doctor's Fee: _____

程序收費：

Procedure Charges: _____

備註：

Remarks:

1. 手術/治療費用會因應手術之物資、複雜性及時間等因素而有所調整。因此，實際費用可能會較總額少於或多出 20%。

The charges for operation/treatment would be adjusted in accordance with the materials, case complexity and operation time etc. Therefore, the operation/treatment fee may have 20% more or less than the estimated amount.

2. 以上報價為治療或手術之最低收費，並不包括診症費、手術後之覆診及治療藥物。報價僅供客人參考，日後如有更改，恕不另行通知，並只適用於本院。

The above quotation are based on the minimum charge of the treatment or operation only. This does not include the consultation fee, post operation/treatment follow-up and medication. These charges are quoted for reference only and may be adjusted without prior notice. All these charges are only applicable in Union Hospital.

3. 以上報價有效日期為 3 個月及只供參考之用。

The proposed quotation is valid for three month and they are for reference only.

本人已明白及同意以上收費。 I fully understand and agree the above-mentioned charges.

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病人簽署：

Signature of Patient: _____

或 or

家屬簽署：

Signature of Relative: _____ (關係/Relationship)

見證人簽署：

Signatures of Witness: _____

負責醫生簽署：

Signature of Responsible Doctor: _____

日期：

Date: _____

姓名：

Name in Block Letter: _____ (請用正楷填寫)

姓名：

Name in Block Letter: _____ (請用正楷填寫)

姓名：

Name in Block Letter: _____ (請用正楷填寫)

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