

## Fee Advisory Form 費用諮詢表

Please present this Fee Advisory Form upon admission. 請於入院時出示此費用諮詢表。

Patient Name 病人姓名:

Date of Estimation 報價日期:

Attending Doctor 主診醫生:

Estimation No. 報價號碼:

Room Type 病房等級:

Prepared By 職員姓名:

Operation Code/ Type: 手術編碼

Performed By 職員姓名:

Date:

### Estimation Detail 預算詳述

50 Percentile 分位數

90 Percentile 分位數

Estimated Length of Stay (Days) 預計住院時間 (日):

Accommodation Fee 住院費

Operating Theatre & Associated Materials Charges 手術室及相關物料費用

Other Hospital Charges 其他醫院收費

**Estimated Hospital Charges 預算醫院費用**

Doctor's Attendance Fee 醫生巡房診治費

Surgeon Fee 外科醫生費

Anaesthetist Fee 麻醉科醫生費

Other Specialists' Consultation Fee 其他專科醫生診療費用

Please specify 請註明:

**Estimated Doctor's Charges 預算醫生費用**

**Estimated Total Hospital Invoice 預算總醫院費用**

**Deposit Requested on Admission 入院時須繳付按金**

\$0

### Disclaimer:

I understand that this estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

### 免責聲明:

本人知悉此預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

x

Signature of Patient / Next-of-kin /  
Authorised Person

病人 / 親屬 / 獲授權人士簽署

(Age 18 or above 十八歲或以上)

Name of Patient / Next-of-kin /  
Authorised Person

病人 / 親屬 / 獲授權人士姓名

Relationship 關係

Date 日期

### Remarks:

1. Figures listed are derived from statistics of actual discharge bills (where available) of relevant patients who underwent similar treatment and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ.

表格內列出醫院費用預算的數字，是根據接受同類治療的相關病人出院帳單的實際費用統計(如有)及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。

2. "Other Hospital Charges" is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures and other non-Operating Theatre related charges.

「其他醫院收費」是護理、消耗品、藥物、化驗、檢查、診斷程序及其他非手術室相關費用的估算總和。

3. The charges, terms and conditions contained in this Financial Counselling Form shall remain valid for a period not exceeding 30 days.

此價目諮詢表有效期為發出日期起計三十天內。