

The original of this form will be filed as the hospital's medical records, and copies will be given to the patient and doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures, and services performed.

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                 |                                                                            |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Patient's Name 病人姓名:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | (English 英文)                                                                    | (Chinese 中文)                                                               |                                                                       |
| Hong Kong Identity Card / Passport Number 香港身份證 / 護照號碼:                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Attending Doctor 主診醫生:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Provisional Diagnosis 初步診斷:                                                     |                                                                            |                                                                       |
| Estimated Length of Stay 預計住院時間:                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | day(s) 日                                                                        | Class of Ward 病房等級:                                                        |                                                                       |
| Treatment Procedure / Surgical Operation 治療程序/手術:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Estimated Doctor's Fees – Form A 預算醫生費用 — 表格 A (To be completed by doctor 由醫生填寫)                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Daily Doctor's Round Fee 每日醫生巡房費:                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | \$                                                                              | X day(s)日                                                                  |                                                                       |
| Surgical Fee 手術費:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Anaesthetist's Fee 麻醉科醫生費:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Other Specialists' Consultation Fee (Please Specify)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                 |                                                                            |                                                                       |
| 其他專科醫生診療費用 (請註明)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Total 總計: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                 |                                                                            |                                                                       |
| I have explained to the patient/ next-of-kin/ authorised person details of the above-estimated charges and have sought his/ her agreement.<br>本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Name of Doctor 醫生姓名                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | Signature of Doctor 醫生簽署                                                        | Date 日期                                                                    |                                                                       |
| Estimated Hospital Charges — Form B 預算醫院費用 — 表格 B (To be completed by the doctor based on the charges information provided by the hospital 由醫生根據醫院提供的收費資料填寫)                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Room 住宿                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | \$                                                                              | X day(s)日                                                                  |                                                                       |
| Operating Theatre and Associated Materials                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Charges (Remark 1) 手術室及相關物料費用 (備註 1)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Diagnostic Procedures 診斷程序:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Other Hospital Charges (Remark 2)                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                 |                                                                            |                                                                       |
| 其他醫院收費 (備註 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | \$                                                                              |                                                                            |                                                                       |
| Total 總計: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Patient's Signature 病人簽署                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                 |                                                                            |                                                                       |
| I understand this budget 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 the hospital invoice. 本人知悉服務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。             |                                                                                     |                                                                                 |                                                                            |                                                                       |
| Name of Patient / Next-of-kin / Authorised Person<br>病人 / 親屬 / 獲授權人士姓名                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Signature of Patient / Next-of-kin / Authorised Person<br>病人 / 親屬 / 獲授權人士簽署     | Date 日期                                                                    |                                                                       |
| Remarks 備註:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                 |                                                                            |                                                                       |
| 1. The figures listed are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year 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，是根據去年度本院接受同類治療的相關病人出院帳單的實際費用統計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」是對總費用的粗略估計，包括護理、消耗品、藥物、化驗、檢查、診斷程序及其他非手術室相關費用。For our hospital's charges, please refer to our webpage: <a href="https://www.matilda.org">https://www.matilda.org</a> 本院的收費請參考網頁 <a href="https://www.matilda.org">https://www.matilda.org</a> |                                                                                     |                                                                                 |                                                                            |                                                                       |
| HKSAR Government Price Transparency Initiative List of Operations/Procedures for the Provision of Budget Estimates<br>香港特別行政區政府倡議價格透明度列出以下的手術/程序預算清單                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                 |                                                                            |                                                                       |
| 1. Breast lump excision 乳房腫塊切除                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9. Colonoscopy with or without polypectomy 結腸鏡檢查 (帶或不帶息肉切除)                         | 14. Gastroscopy and colonoscopy with or without polypectomy 胃鏡和結腸鏡檢查 (帶或不帶息肉切除) | 19. Hysterectomy 子宮切除術                                                     | 25. Ovarian cystectomy 卵巢囊腫切除術                                        |
| 2. Bronchoscopy with or without biopsy 支氣管鏡檢查 (帶或不帶活檢)                                                                                                                                                                                                                                                                                                                                                                                                                         | 10. Colposcopy 陰道鏡檢查                                                                | 15. Gastroscopy with or without polypectomy 胃鏡檢查 (帶或不帶息肉切除)                     | 20. Knee arthroscopy 膝關節鏡檢查                                                | 26. Phacoemulsification and intraocular lens implantation 超聲乳化和人工晶體植入 |
| 3. Caesarean section 剖膜分娩                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11. Cystoscopy with or without biopsy 膀胱鏡檢查 (帶或不帶活檢)                                | 16. Haemorrhoidectomy 痔瘡切除術                                                     | 21. Laminectomy 腰椎椎板切除術                                                    | 27. Thyroidectomy 甲狀腺切除術                                              |
| 4. Carpal tunnel release 腕管釋放術                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12. Dilation and curettage 子宮內膜刮除術                                                  | 17. Hernia repair 疝氣修補                                                          | 22. LASIK 近視雷射手術                                                           | 28. Tonsillectomy 扁桃體切除術                                              |
| 5. Cholecystectomy 膽囊切除術                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13. Direct laryngoscopy with or without vocal cord polyp biopsy 直視喉鏡檢查 (帶或不帶聲帶息肉活檢) | 18. Herniotomy 疝氣切開術                                                            | 23. Micro-laryngoscopy 微型喉鏡檢查                                              | 29. Trigger finger release 扳機手指釋放術                                    |
| 6. Circumcision 包皮環切術                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                 | 24. Open reduction and internal fixation of various fractures 各種骨折開放復位和內固定 | 30. Vaginal delivery 陰道分娩                                             |
| 7. Colectomy 結腸切除術                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                 |                                                                            |                                                                       |
| 8. Colonoscopy with or without polypectomy 結腸鏡檢查 (帶或不帶息肉切除)                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                 |                                                                            |                                                                       |