

服務費用預算 – 預算醫生費用(只供參考)

Budget Estimate – Estimated Doctor's Fees (For Reference Only)

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。

The original of this form will be filed as hospital's medical records, and copies will be given to 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.

病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure / Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫生費用 Estimated Doctor's Fees (由醫生填寫 To be completed by doctor)

每日醫生巡房費 Daily Doctor's Round Fee: \$ _____ × _____ 日 day(s)

手術費 Surgical Fee: \$ _____

麻醉科醫生費 Anaesthetist's Fee: \$ _____

其他專科醫生診療費用 (請註明) Other Specialists' Consultation Fee (Please Specify): \$ _____

其他項目及收費 Other Items and Charges: \$ _____

總計 Total \$

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。

I have explained to the patient / next-of-kin / authorised person details of the above estimated charges and have sought his / her agreement.

醫生姓名
Name of Doctor

醫生簽署
Signature of Doctor

日期
Date

病人簽署 Patient's Signature

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，並以醫院帳單所列表為準。

I understand that 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 hospital invoice.

病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

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病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure /
Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫院費用 Estimated Hospital Charges

(由醫生根據醫院提供的收費資料填寫 To be completed by doctor based on the charges information provided by hospital)

住宿 Room: \$ _____ x _____ 日 day(s)

手術室及相關物料費用
Operating Theatre and Associated
Materials Charges (備註1 Remark 1): \$ _____

其他醫院收費 Other Hospital Charges
(備註2 Remark 2): \$ _____

總計 Total \$

病人簽署 Patient's Signature

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病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

備註 Remarks:

- 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)。
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.
- 「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。
"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.
本院的每天住院房租如下：標準房\$900，雙人房\$1990，私家房\$3300。其他特殊病房收費請參考網頁 <http://www.matilda.org>
Our hospital's Room Charges are as follows: Standard Room \$900, Twin Room \$1990, Private Room \$3300.
For other special beds, please refer to our webpage: <http://www.matilda.org>.