# 醫療費用預算表 Medical Expense Estimation Form

bowtie

保單號碼
Policy Number: _____

| 病人姓名<br>Name of patient | 主診醫生<br>Attending Doctor |
|---|---|

| 醫院名稱<br>Name of Hospital | 預計住院時間<br>Estimated length of stay 日 Days |
|---|---|

病房級別 Ward Class ☐ 私家房 Private ☐ 半私家房 Semi-private ☐ 標準房 Ward ☐ 門診/日間手術 Outpatient / Day surgery ☐ 其他 Others

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 estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.**

## Part 1. 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 | $ _____ | X | _____ 日 Days |
| 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)<br>Other Specialists' Consultation Fee (Please Specify) | $ _____ | | |
| 其他項目及收費(請註明)<br>Other Items and Charges (Please Specify) | $ _____ | | |

## Part 2. 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)**

| | | | |
|---|---|---|---|
| 住宿費用 Room Charges | $ _____ | X | _____ 日 Days |
| 手術室及相關物料費用<br>Operating Theatre and Associated Materials Charges | $ _____ | | |
| 其他項目及收費 Other Items and Charges | $ _____ | | |

**本人已向病人 / 直系親屬 / 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 : _____

簽署日期:
Sign date : _____

## 病人簽署 Patient Signature

**本人知悉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。**
**I understand that this estimation is not legally binding and is for reference only. Additional charges incurred from complications and from disease 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 / 直系親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin / Authorised Person: _____

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

簽署日期:
Sign date : _____