

 <p>聖保祿醫院 St. Paul's Hospital</p>	<p>服務費用預算 (只供參考)¹</p> <p>Budget Estimate (For reference only)¹</p>	病人姓名 Patient's Name	_____
		性別 / 年齡 Sex / Age	_____
		香港身份證 / 護照號碼 HKID Card / Passport No.	_____
(Please fill in / affix patient's label 請填寫/ 貼上病人標籤)			
<p>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.</p>			
主診醫生 Attending Doctor		初步診斷 Provisional Diagnosis	
治療程序/ 手術 Treatment Procedures/ Surgical Operation			
預計住院時間 Estimated Length of Stay	_____ 日 Days	病房級別： Class of Ward:	標準房 <input type="checkbox"/> 半私家房 <input type="checkbox"/> 私家房 <input type="checkbox"/> 私家套房 <input type="checkbox"/> 優質私家套房 <input type="checkbox"/>
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 Anaesthesiologist's Fee	\$ _____		
其他專科醫生診療費用 (請註明) Other Specialist's Consultation Fee (Please specify)	\$ _____		總計 \$
其他項目及收費 Other Items and Charges	\$ _____		
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/authorized 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	

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 Charges	\$ _____ X _____	日 Days	
手術室及相關物料費用 ² Operating Theatre and Associated Material Charges ²	\$ _____		總計 \$
其他醫院收費 ³ Other Hospital Charges ³	\$ _____		
病人簽署 Patient 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/ Authorized Person		病人 / 親屬 / 獲授權人士姓名簽署 Signature of Patient/ Next-of-kin/ Authorized Person	
_____		_____	
		日期 Date	

備註 Remarks:			
1. 本表格正本會存放在醫院的病人醫療紀錄內，副本供病人和醫生參考。 The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference.			
2. 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.			
3. 「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.			
4. 本院的每天住院房租如下：標準房 \$760-\$900，半私家房 \$1,380-\$1,480，私家房 \$3,800-\$4,880，私家套房 \$6,200-\$6,800，優質私家套房 \$11,000。 其他特殊病房收費請參考網頁 http://www.stpaul.org.hk Our hospital's Room Charges are as follows: Standard Room \$760-\$900, Semi-private Room \$1,380-\$1,480, Private Room \$3,800-\$4,880, Private Suite \$6,200-\$6,800, Premium Private Suite \$11,000. For other special beds, please refer to our webpage: http://www.stpaul.org.hk			