

 <p>產科套餐費用預算 Maternity Package Budget Estimate (只供參考 For reference only)¹</p> <p>聖保祿醫院 St. Paul's Hospital</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> <p>婦產科醫生 初步診斷 Obstetrician Provisional Diagnosis</p> <p>治療程序/ 手術 Treatment Procedures/ Surgical Operation</p> <p>預計住院時間 日 Days 病房級別：<input type="checkbox"/> 標準房 <input type="checkbox"/> 半私家房 <input type="checkbox"/> 私家房 Estimated Length of Stay Class of Ward: Standard Room Semi-private Room Private Room</p>																						
<p>甲部 - 醫生費用預算 (由婦產科醫生填寫) Part A - Estimated Doctor's Fees (To be completed by Obstetrician)</p> <p>每日婦產科醫生巡房費 \$ _____ X _____ 日 Days Daily Obstetrician's Round Fee</p> <p>手術費 \$ _____ Surgical Fee</p> <p>麻醉科醫生費 \$ _____ Anaesthesiologist's Fee</p> <p>其他專科醫生診療費用 (請註明) \$ _____ Other Specialist's Consultation Fee (Please specify)</p> <p>其他項目及收費 \$ _____ Other Items and Charges</p> <p style="text-align: right;">共計 (甲部) \$ Total (Part A)</p> <p>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.</p>																						
醫生姓名 Name of Doctor		日期 Date																				
<p>乙部 - 醫院費用預算 (由醫生根據醫院提供的收費資料填寫) Part B - Estimated Hospital Charges (To be completed by doctor based on the charges information provided by hospital)</p> <table border="1"> <thead> <tr> <th>分娩套餐 / 費用 Delivery Packages / Charges</th> <th>住院時間 Length of stay</th> <th>標準房 Standard Room</th> <th>半私家房 Semi-private Room</th> <th>私家房 Private Room</th> </tr> </thead> <tbody> <tr> <td>順產 Normal Vaginal Delivery</td> <td>3 日 2 夜 3 Days 2 Nights</td> <td><input type="checkbox"/> \$ 22,000</td> <td><input type="checkbox"/> \$ 28,000</td> <td><input type="checkbox"/> \$ 40,800</td> </tr> <tr> <td>剖腹分娩 Caesarean Section Delivery</td> <td>5 日 4 夜 5 Days 4 Nights</td> <td><input type="checkbox"/> \$ 26,800</td> <td><input type="checkbox"/> \$ 33,800</td> <td><input type="checkbox"/> \$ 48,000</td> </tr> <tr> <td>試產無效需施行緊急剖腹分娩 Emergency *C/S with Failed trial of Labor</td> <td>5 日 4 夜 5 Days 4 Nights</td> <td><input type="checkbox"/> \$ 35,000</td> <td><input type="checkbox"/> \$ 47,000</td> <td><input type="checkbox"/> \$ 68,000</td> </tr> </tbody> </table> <p>額外住宿 \$ _____ X _____ 日 Days *C/S: Caesarean Section Room Charges For Extended Days</p> <p>額外手術室及相關物料費用² \$ _____ Additional Operating Theatre and Associated Material Charges²</p> <p>其他醫院收費³ \$ _____ Other Hospital Charges³</p> <p style="text-align: right;">共計 (乙部) \$ Total (Part B)</p>			分娩套餐 / 費用 Delivery Packages / Charges	住院時間 Length of stay	標準房 Standard Room	半私家房 Semi-private Room	私家房 Private Room	順產 Normal Vaginal Delivery	3 日 2 夜 3 Days 2 Nights	<input type="checkbox"/> \$ 22,000	<input type="checkbox"/> \$ 28,000	<input type="checkbox"/> \$ 40,800	剖腹分娩 Caesarean Section Delivery	5 日 4 夜 5 Days 4 Nights	<input type="checkbox"/> \$ 26,800	<input type="checkbox"/> \$ 33,800	<input type="checkbox"/> \$ 48,000	試產無效需施行緊急剖腹分娩 Emergency *C/S with Failed trial of Labor	5 日 4 夜 5 Days 4 Nights	<input type="checkbox"/> \$ 35,000	<input type="checkbox"/> \$ 47,000	<input type="checkbox"/> \$ 68,000
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<p>丙部 - 服務費用預算總和 (甲部 + 乙部) Part C - Estimated Grand Total (Part A + Part B)</p> <p style="text-align: center;">預算總和 = \$ Estimated Grand Total</p>																						
<p>病人簽署 Patient Signature</p> <p>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.</p>																						
病人 / 親屬 / 獲授權人士姓名 Name of Patient/Next-of-kin/Authorized Person		日期 Date																				
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住院分娩套餐包括: Maternity package includes:	
產婦 For Mother	<ul style="list-style-type: none"> • 住房費用 (由分娩日起計) Room charges from the day of delivery • 早餐 Breakfast • 一般分娩之護理、胎兒監察及產後護理 Routine nursing care and fetal heart monitoring during labour and post-partum • 產房 / 手術室服務 (基本設施及物料) Delivery room / operation room charges (basic facilities and materials) • 助產儀器 (適用於自然分娩) Vacuum or Forceps delivery (Applicable for normal vaginal delivery) • 應用於自然分娩的止痛氣 / 剖腹產手術中的監察儀器及基本應用藥物 Entonox gas for normal vaginal delivery / monitoring equipment and basic medications during Caesarean section delivery • 配血化驗及尿糖及尿蛋白試紙測試 Blood for Type and Screen and urine dipstick test for glucose and albumin • 丈夫陪產及剪臍帶服務 Husband accompanied labour and umbilical cord cutting service • 產後講座及出院講座 Postnatal talk and discharge talk • 使用專用哺餵室 Use of lactation room • 床邊設有醫院級電動奶泵 Bedside hospital grade breast pump • 即棄無菌奶泵配件 Disposable sterilized breast pump accessories • 獨立氣圈坐墊 (適用於自然分娩) Air ring cushion for normal vaginal delivery • 束腹帶 (適用於剖腹生產) Abdominal binder for Caesarean section delivery • 產婦衛生用品一套 One pack of Maternity Kit • 薑皮艾草包 (只供外用) Shaving ginger & argyi wormwood leaf powder (for external use only) • 由世界衛生組織認證母乳餵哺課程導師提供的哺乳顧問服務 Breastfeeding consultation by International Board Certified Lactation Consultant • 母乳餵哺指導及瓶餵技巧 Advice and support on infant breast-feeding and bottle-feeding technique during hospitalization • 產後運動及產後護理小冊子 Postnatal exercise and postnatal care leaflet • 護士產後電話跟進 Postnatal phone Follow Up
嬰兒 For Baby	<ul style="list-style-type: none"> • 育嬰部住房費用 (由出生日起計) Room charges for nursery from the day of birth • 新生嬰兒即時及每天護理及觀察 Immediate and routine neonatal care and observation • 出生後使用嬰兒專用運輸保溫箱運送到育嬰室 Use of neonatal transport incubator to Nursery • 出生後首六小時使用嬰兒專用保溫箱保暖 Use of neonatal incubator warmer for the first 6 hours • 住院期間提供紙尿片及衣物用品 Diapers and clothing during hospital stay • 新生嬰兒注射 (卡介苗、乙型肝炎疫苗、維他命 K1) BCG, Hepatitis B vaccination and Vitamin K1 injection • 新生嬰兒之常規規血血液檢驗 (血型、甲狀腺素分泌及葡萄糖六磷酸去氫醇素缺乏症) Neonatal routine blood tests (blood grouping, Rh factor, TSH and G6PD deficiency screening) • 新生嬰兒先天性心臟病篩查 (只適用於複雜性先天性心臟病) Neonatal congenital heart disease screening (screening for complex congenital heart disease) • 育嬰指導 Instruction on newborn care • 母嬰同室 Rooming-in • 使用黃疸監察儀 Use of jaundice meter • 初生嬰兒上門 (醫院) 拍攝家庭照服務 Family portrait session (during hospital stay) by professional photographers • 育嬰小冊子 Newborn care booklet • 熱線電話服務 Hotline service
備註 Remarks: <ol style="list-style-type: none"> 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. 本院的每天住院房收費，請參考網頁 http://www.stpaul.org.hk Our hospital's Room Charges, please refer to our webpage: http://www.stpaul.org.hk 5. 費用如有更改，恕不另行通知；一切以服務當日的收費為準。 Charges are subject to change without prior notice. Actual charges will be based on the day of service received. 	