

Please Use ID Label or Block Print

SURNAME		UNIT RECORD NO.	
GIVEN NAME		CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DOCTOR		CONSULT. DOCTOR	

Operation Name: _____ Package Price: HK\$ _____

Item	Applicable	Not-applicable
Surgeon	Name of Surgeon: _____	
Client	<input type="checkbox"/> Both Hong Kong Resident and Non-resident	<input type="checkbox"/> Client with chronic illness and co-existing diseases, e.g. Diabetes mellitus, heart diseases or renal diseases etc
Charges	<p>Included Items:</p> <input type="checkbox"/> Stay in Twin Room for _____ days <input type="checkbox"/> Length of stay as indicated (count from date of admission or date of joining the operation package) <input type="checkbox"/> Essential pre-operative investigation <input type="checkbox"/> Instrument, equipment and consumable for operation <input type="checkbox"/> Cost of Implantation <input type="checkbox"/> Post-operative care <input type="checkbox"/> Surgeon's fee and ward round fee <input type="checkbox"/> Anaesthetist's fee <input type="checkbox"/> Subsequent cost for hospitalization and treatment, surgeon and anaesthetist fees for operation related implant re-adjustment within 30 days post-operatively. <input type="checkbox"/> During the same period of hospitalization, all subsequent costs of treatment, surgeon and anaesthetist fees for further operations(s) for complications arising from the above mentioned operations. <input type="checkbox"/> For extended costs of prolonged hospital stay due to complications, the maximum cover is HK\$200,000.	<p>Excluded Items:</p> <input type="checkbox"/> Diagnostic procedure e.g. pre-operative MRI etc <input type="checkbox"/> Additional operation charges which do not related to operation package and any complications <input type="checkbox"/> Irrelevant test and examination fee <input type="checkbox"/> Consultation fee before admission and after discharge <input type="checkbox"/> Pathology test and treatment for neoplastic diseases <input type="checkbox"/> All meal and sundries charges <input type="checkbox"/> Treatment fee for chronic illness and its complications <input type="checkbox"/> Treatment fee for illness during hospitalization not related to operation <input type="checkbox"/> Unnecessary extension of hospital stay at client's request (HK\$2,000 per day) <input type="checkbox"/> Charges for Active MRSA Surveillance Screening <input type="checkbox"/> Discharge medication

Remarks:

- Surgeon reserves the right and decision as to the suitability of Operation Package accordingly to individual client's condition during consultation.
- Client should join the Operation Package before the operation. Cancellation of Operation Package is not feasible when the admission procedure has been completed nor after the operation.
- Application for the Operation Package after the operative procedure will not be accepted once the client has been admitted and the operation has been started.
- Since there is upper limit on doctor's fee for all packages, the total charge may be lower.
- Client should settle all package payment on admission.
- Client may opt for interest-free instalment package as offered by some credit card companies. Details are available at our Cashier.
- Other special offer or discounts will not be applicable with anyone of our Operation Packages.
- The payment could be deferred when it is a dire emergency.

Signature of Client: _____

Name: _____
(Name in Block Letter)

Date: _____

Signature of Witness: _____

Name: _____
(Name in Block Letter)

Date: _____

Instructions of Neurology Operation Package

NUA-283-11-2152e(R2)