

Instructions of Urology Operation Package

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 disease or renal diseases, etc
Charges	<p><b>Included Items:</b></p> <p><b>1. All urology operation package (except Cystoscopy):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stay in Standard Room for _____ days</li> <li><input type="checkbox"/> Length of stay as indicated (count from date of admission or date of joining the operation package)</li> <li><input type="checkbox"/> Essential pre-operative investigation</li> <li><input type="checkbox"/> Instrument, equipment and consumable for operation</li> <li><input type="checkbox"/> Post-operative care</li> <li><input type="checkbox"/> Surgeon's fee and ward round fee</li> <li><input type="checkbox"/> Anaesthetist's fee</li> </ul> <p><b>2. For Cystoscopy only:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For diagnostic examination only, including essential medication, endoscopy equipment and materials for the procedure</li> <li><input type="checkbox"/> Surgeon's fee</li> </ul> <p><b>3. For all urology operation package and Cystoscopy:</b></p> <ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> For extended costs of prolonged hospital stay due to complications, the maximum cover is HK\$200,000.</li> </ul>	<p><b>Excluded Items:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional operation charges which do not related to operation package and any complications</li> <li><input type="checkbox"/> Irrelevant test and examination fee</li> <li><input type="checkbox"/> Consultation fee before admission and after discharge</li> <li><input type="checkbox"/> Pathology test and treatment for neoplastic diseases</li> <li><input type="checkbox"/> All meal and sundries charges</li> <li><input type="checkbox"/> Treatment fee for chronic illness and its complications</li> <li><input type="checkbox"/> Treatment fee for illness during hospitalization not related to operation</li> <li><input type="checkbox"/> Charges for Active MRSA Surveillance Screening</li> <li><input type="checkbox"/> Discharge medication</li> </ul>

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.
- For Cystoscopy, client should join the Operation Package before the endoscopy examination. Cancellation is not feasible when the registration procedure has been completed nor after the endoscopy examination.
- 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.
- For Cystoscopy, application for the Operation Package after the endoscopy examination will not be accepted once the registration procedure has been completed and the endoscopy examination 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. For cystoscopy, client should settle the all package payment before procedure.
- 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: \_\_\_\_\_

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