



Budget Estimate – Estimated Doctor's Fee (For Reference Only)

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。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 original form will be kept as part of the hospital medical records and copies will be given to the patient and the relevant doctor for reference.
The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

病人姓名 Patient's Name: (中文 Chinese): _____ (英文 English): _____
身份證/護照號碼
Hong Kong Identity Card / Passport Number: _____
初步診斷 Provisional Diagnosis: _____
預計住院時間 Estimated Length of Stay: _____ 日 Day (s) 病房級別 Class of Ward: _____
醫療程序/手術 Treatment Procedure / Surgical Operation: _____
主診醫生 Attending Doctor: _____
備註 Remarks: _____

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 day (s)
醫療程序/手術費 Procedural / Surgical Fee: \$ _____
麻醉科醫生費 Anaesthetist's Fee: \$ _____
其他專科醫生診療費用 Other Specialists' Consultation Fee: _____
其他項目及收費 Other Items and Charges: _____

總計 Total: _____

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/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

日期
Date

病人簽署 Patient's Signature

本人知悉此服務費用預算並無法律約束力，僅為參考，亦明白此費用預算並不包括因併發症或其他入院後才發現的疾病所牽涉的額外費用。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 the hospital invoice.

病人/親屬/獲授權人士姓名
Name of Patient / Next-of kin /
Authorised Person

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

日期
Date