



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 _____ 醫生簽署 _____ 日期
 Name of Doctor Signature of Doctor 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 _____ 病人/親屬/獲授權人士簽署 _____ 日期
 Name of Patient / Next-of kin / Authorised Person Signature of Patient / Next-of kin / Authorised Person Date



Budget Estimate – Estimated Hospital Charges (For Reference Only)

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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) 病房類別 Room Category: _____
 醫療程序/手術 Treatment Procedure / Surgical Operation: _____
 主診醫生 Attending Doctor: _____
 備註 Remarks: _____

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 (床位種類視乎入院當日之供應情況而定): _____ x _____ 日 Day(s)	
手術室及相關物料費用 Operating Theatre and Associated Materials Charges (備註 1 Remark 1): _____	
診斷程序 Diagnostic Procedures: _____	
其他醫院收費 Other Hospital Charges (備註 2 Remark 2): _____	
總計 Total: _____	

病人簽署 Patient's 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/獲授權人士簽署 Signature of Patient / Next-of-kin / Authorized Person	_____ 日期 Date

備註 Remarks:

- 表格內列出醫院費用預算的參考幅度數字，是根據去年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會有差異 (例如療程選擇、藥物處方、使用物料等)。
Figures listed under the Reference Range of Hospital Charges 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. Doctor's management (e.g. choice of procedure, drugs and consumables) of the same illness may differ.
- 『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.

本院的每天住院房租如下：標準房\$600-\$1,200，半私家房\$1,080-\$2,000，私家房\$2,500-\$3,900，套房\$5,000-\$8,000。其他特殊病房收費請參考網頁
https://www.union.org/new/tc_chi/charges/files/room_c.pdf

Our hospital's Room Charges are as follows: Standard Room \$600-\$1,200, Semi-private Room \$1,080-\$2,000, Private Room \$2,500-\$3,900, Suite \$5,000-\$8,000.
 For other special beds, please refer to our webpage: https://www.union.org/new/english/charges/files/room_e.pdf