



# 服務費用預算

## Budget Estimate

(只供參考 For Reference Only)

[Patient Label] *Clinic / OPD Use*

Name: \_\_\_\_\_

Hosp./ID No: \_\_\_\_\_ Sex / Age: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

[Patient Label] *In-Patient Use*

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

本表格正本會存放在本院病人醫療檔案內，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 of this form will be filed in patient's medical record, and copies will be given to patient and doctor for reference. The estimates are for reference only. Final charges are subject to actual expenses incurred from treatment, procedures and services performed.

初步診斷 Provisional Diagnosis: \_\_\_\_\_

預計住院日數 Estimated Length of Stay: \_\_\_\_\_ 日 Day(s) 病房級別 Class of Ward:  A  B+  B  C  Day

治療程序 / 手術 Treatment Procedure / Operation: \_\_\_\_\_

### 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: \$ \_\_\_\_\_ × \_\_\_\_\_ 日 day(s)

手術費 / 治療程序 Surgery Fee / Treatment Fee: \$ \_\_\_\_\_

麻醉科醫生費 Anaesthetist's Fee: \$ \_\_\_\_\_

其他專科醫生診療費用 Other Specialists' Consultation Fee (請註明 Please Specify): \$ \_\_\_\_\_ **HK\$**

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

### 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)

房租 Room Charge: \$ \_\_\_\_\_ × \_\_\_\_\_ 日 day(s)

手術室及相關物料費用 (備註 1): Operating Theatre and Associated Materials Charges (Remark 1): \$ \_\_\_\_\_

其他醫院收費 (備註 2) Other Hospital Charges (Remark 2): \$ \_\_\_\_\_

診斷程序 Diagnostic Procedures: \$ \_\_\_\_\_ **HK\$**

病人簽署 Patient's Signature:

總預算費用/ Total Estimated Budget

**HK\$**

本人知悉服務預算費用並無法律效力，僅為參考，並不包括如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，並以醫院賬單所列為準。  
 I understand that this budget estimate is not legally binding and is for reference only. Additional charges such as those incurred from complications and from diseases diagnosed after admission are not covered. I agree that final charges are subject to actual expenses incurred from treatment, procedures and services performed and should be settled in accordance with 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

#### 備註 Remarks:

- 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賬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 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.
- 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查，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, and other non-Operating Theatre related charges.
- 本院的每天住院房租及其他特殊病房收費請參考網頁: <http://www.evangel.org.hk>  
 Our hospital's Daily Room Charges and for other special beds, please refer to our webpage: <http://www.evangel.org.hk>