聖德肋撒醫院
St. Teresa's Hospital
服務費用預算 - 預算醫院費用(只供參考)[1]
Budget Estimate – Estimated Hospital Charge (For Reference Only)[1]

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。本服務費用預算之有效日期為由簽發日期起 3 個月。
The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed. This budget estimate is valid within 3 months from the date of signature.

主診醫生：
Attending Doctor: _____

初步診斷：
Provisional Diagnosis: _____

治療程序/手術：
Treatment Procedures/Surgical Operation: _____

預計住院時間：
Estimated Length of Stay: _____ 日 Day(s)

病房級別：
Class of Ward: ◉ 標準 Standard ○ 半私家 Semi-Private ○ 私家 Private ○ 優質私家 Premium Private ○ 門診/日間服務 Out-patient / Day Case

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 days
手術費 Surgical Fee：	$ _____		
麻醉科醫生費 Anesthesiologist's Fee：	$ _____		
其他專科醫生診療費用（請註明）： Other Specialist's Consultation Fee (Please Specify) :	$ _____		
其他項目及收費 Other Items and Charges：	$ _____	總計 Total: $ _____	

醫生簽署 Doctor's Signature

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/authorized 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）

住宿收費 Room Charges：	$ _____	× _____	日 days
手術室及相關物料費用[2]： Operating Theatre and Associated Material Charges [2] :	$ _____		
診斷程序 Diagnostic Procedures :	$ _____		
其他醫院收費[3] Other Hospital Charges [3] :	$ _____	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，並以醫院賬單所列為準。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:

1. 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。
   The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference.
2. 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.
3. 「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.
4. 本院的每天住院房租如下：標準房 $610 - $800，半私家房 $1,000 - $1,750，私家房 $2,100 - $4,100，優質私家房 $11,300 - $15,300
   病房分類及收費請參考網頁：http://www.sth.org.hk。
   Our hospital's room charges are as follows: Standard Room $610 - $800, Semi-Private Room $1,000 - $1,750, Private Room $2,100 - $4,100, Premium Private Suite $11,300 - $15,300.
   For Accommodation Charges, please refer to our webpage: http://www.sth.org.hk.

Patient's Addressograph	服務費用預算–預算醫院費用 (只供參考) Budget Estimate – Estimated Hospital Charges (For Reference Only)