

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 estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

保單號碼  
Policy Number:

掃描二維碼了解索償程序

Scan to read our claim procedure



## Part 1. 住院/治療詳情 (由主診醫生填寫) Hospitalization/Treatment Details (To be completed by attending physician)

病人姓名 Name of patient	身份證號碼 Identity card/HKID card
醫院/診所名稱 Name of Hospital/Clinic	
主診醫生 Attending Doctor	預計住院時間 Estimated length of stay _____ 日 Days
病房級別 Ward Type	<input type="checkbox"/> 私家房 Private <input type="checkbox"/> 半私家房 Semi-Private <input type="checkbox"/> 標準房 Ward <input type="checkbox"/> 門診/日間手術 Outpatient / Day surgery <input type="checkbox"/> 其他 Others: _____
初步診斷 Provisional Diagnosis	治療 / 手術 Treatment and Surgery

## Part 2. 預算醫生費用 (由主診醫生填寫) Estimated Doctor's Fee (To be completed by attending physician)

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 Anaesthetist's Fee	\$ _____		
其他專科醫生診療費用 (請註明) Other Specialists' Consultation Fee (Please Specify)	\$ _____		
其他項目及收費 (請註明) Other Items and Charges (Please Specify)	\$ _____		

## Part 3. 預算醫院費用 (由主診醫生根據醫院提供的收費資料填寫) Estimated Hospital Charges (To be completed by attending physician based on the charges information provided by hospital)

住宿費用 Room Charges	\$ _____	×	_____ 日 Days
手術室及相關物料費用 Operating Theatre and Associated Materials Charges	\$ _____		
其他項目及收費 Other Items and Charges	\$ _____		

本人已向病人 / 直系親屬 / 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 _____	簽署 Signature _____	簽署日期 Sign Date _____
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#### Part 4. 病人簽署 Patient Signature

本人知悉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 estimation is not legally binding and is for reference only. Additional charges incurred from complications and from disease 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 / 直系親屬 / 獲授權人士姓名  
Name of Patient / Next-of-kin / Authorised Person \_\_\_\_\_

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

簽署日期  
Sign Date \_\_\_\_\_