

INVOICE (SUMMARY)

收費單

Original 正本

Patient Name 病人姓名: Patient No. 病人號碼: Episode No. 檔案號碼: Discharge Bed No. 床號: HN-24-015486-6 (IP) C703-5 (4-Bed) Invoice No 賬單號碼: Invoice Date 賬單日期: Print Date 列印日期: Admission Date 入院日期: Discharge Date 出院日期:

INV-24080700 07 AUG 2024 07 AUG 2024 / 10:15:13 05 AUG 2024 / 17:10:52 07 AUG 2024 / 10:10:00

Discharge Bed I	No. 床號: C703-5 (4-Bed) Discharge	e Date 出院日期:	07 AUG 2	2024 / 10:10:00
Charge Date 收費日期	Particulars 要項	Gross 總金額 (HK\$ 港幣)	Discount 折扣 (HK\$ 港幣)	Net 淨金額 (HK\$ 港幣)
	HOSPITAL CHARGES 醫院收費			
05 AUG 2024	CHEMICAL PATHOLOGY CHARGE 化學病理化驗費	190.00		190.00
	FOOD & BEVERAGE CHARGE 餐飲費	166.00		166.00
	ACCOMMODATION CHARGE - STANDARD ROOM 標準	房 1,000.00		1,000.00
	NURSING PROCEDURE FEE 護士治療程序費	850.00		850.00
	NURSING PACKAGE FEE 護理費用	640.00		640.00
	LABORATORY CHARGE - SPECIAL TEST 化驗費 - 特別驗	檢 1,420.00		1,420.00
06 AUG 2024	WARD / CLINIC - USE OF EQUIPMENT CHARGE 設備使費	9月 1,580.00		1,580.00
	MEDICAL AND SURGICAL SUPPLIES CHARGE 醫療和等術用品費	手 120.00		120.00
	FOOD & BEVERAGE CHARGE 餐飲費	406.00		406.00
	MEDICAL AND SURGICAL SUPPLIES CHARGE 醫療和等術用品費	手 34,325.00	(900.00)	33,425.00
	ACCOMMODATION CHARGE - STANDARD ROOM 標準	房 1,000.00		1,000.00
	MEDICATIONS 藥費	519.00		519.00
	PROCEDURE FEE 治療程序費	21,530.00		21,530.00
	NURSING PACKAGE FEE 護理費用	980.00		980.00
07 AUG 2024	FOOD & BEVERAGE CHARGE 餐飲費	83.00		83.00
	MEDICATIONS 藥費	1,568.00		1,568.00
	NURSING PACKAGE FEE 護理費用	640.00		640.00
	TOTAL HOSPITAL CHARGES 總醫院收費			66,117.00
	DOCTOR FEE 醫生收費			
05 AUG 2024	DOCTOR WARD ROUND FEE 醫生巡房費	1,800.00	(500.00)	1,300.00
	Dr CHAN Chi Yuen Karl 陳志遠			
06 AUG 2024	ASSISTANT SURGEON FEE 助理外科醫生手術費	30,000.00		30,000.00
	Dr CHAN Lip Kiong 陳力強			
	SURGEON FEE 醫生手術費	60,000.00		60,000.00
	Dr CHAN Chi Yuen Karl 陳志遠			
	DOCTOR WARD ROUND FEE 醫生巡房費	1,800.00	(500.00)	1,300.00
	Dr CHAN Chi Yuen Karl 陳志遠 DOCTOR WARD ROUND FEE 醫生巡房費	4 000 00	(500.00)	4 000 00
07 AUG 2024	Dr CHAN Chi Yuen Karl 陳志遠	1,800.00	(500.00)	1,300.00
	TOTAL DOCTOR FEE 總醫生收費			93,900.00
	TOTAL DOUGHT I LE RESELVAN			00,000.00





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Original 正本

Patient Name 病人姓名: Patient No. 病人號碼: Episode No. 檔案號碼: Discharge Bed No. 床號:



Invoice No 賬單號碼: Invoice Date 賬單日期: Print Date 列印日期: Admission Date 入院日期: Discharge Date 出院日期:

INV-24080700 07 AUG 2024 07 AUG 2024 / 10:15:13 05 AUG 2024 / 17:10:52 07 AUG 2024 / 10:10:00

TOTAL 總額

160,017.00

DIAGNOSIS 診斷

Coronary artery disease

Dr CHAN Chi Yuen Karl 陳志遠

PAYMENT METHOD / (REFUND METHOD) 付款方式 / (退款方式):

C703-5 (4-Bed)

Visa

REFERENCE NO 參考號碼:830015170172545294

160,017.00

TOTAL PAID AMOUNT 總繳付金額

160,017.00

BALANCE DUE / (REFUND) 應繳 / (退款)

0.00

Note:

- 1. Interim accounts are presented every 5 days and are to be settled immediately. Deposit will be offset in the final account. Final account must be settled upon patient's discharge.
- Out-patient account must be settled after consultation.
- 3.Invoice is only valid when hospital chop is imprinted.
 4.The Hospital reserves the right to subsequently bill any undercharge and will refund any excess.
- 5.If a breakdown of billing items is required, please contact the Accounts Department.
- 6.Patients are required to present original copy of receipt for refund of charges, if any.

- 6.如有退款. 請出示收據正本。





OFFICIAL RECEIPT

正式收據

Original 正本

Patient Name 病人姓名:

Receipt No 收據號碼:

OR-24080700118

Receipt Date 收據日期:

07 AUG 2024

invoice No. 賬單號碼:

Patient No. 病人號碼:

INV-240807000

Print Date 列印日期:

07 AUG 2024 / 10:15:28

Payment Date 付款日期	Payment Method 付款方法	Reference Number 參考號碼	Amount 金額 (HK\$ 港幣)
07 AUG 2024	Visa	830015170172545294	160,017.00
	TOTAL PAYMENT 總付款金額		160,017.00

Note:

- 1. This receipt is only valid when hospital chop is imprinted.
- 2. Please review and retain this original and notify us for any adjustment.
- 3. The refund will be returned according to original payment.

摘錄:

- 1. 此收據需待蓋上醫院印章後作實。
- 2. 此收據如有任何錯漏, 敬請通知本院並保留此正本以便辯理更正手續。
- 3. 如需退款將會根據付款方法直接退還。

CUHK MEDI DAL CENTRE RECEIVED PAYMENT WITH TRANKS 香港 學醫院