

Date: _____

Serial No. _____

**THE CHINESE UNIVERSITY OF HONG KONG
UNIVERSITY HEALTH SERVICE**

ACCEPTANCE

The reimbursement amount is as follows:

Specialist Outpatient Service

	Yes	No	Remarks
1. Specialist Consultation	<input type="checkbox"/>	<input type="checkbox"/>	Initial / times follow up / GC
2. Clinical Investigation	<input type="checkbox"/>	<input type="checkbox"/>	
3. Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
4. Therapy Treatments	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapy / Occupational Therapy / Diet Speech Therapy x times Psychotherapy x times
5. Others	<input type="checkbox"/>	<input type="checkbox"/>	
6. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	

Inpatient Hospital Care

From _____ to _____
in _____

a. Maintenance (_____ days) <i>(Include room charge, dressing, treatment, nursery, injection and food)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Medical Attendance: General / Maternity	<input type="checkbox"/>	<input type="checkbox"/>	
c. Maternity Delivery	<input type="checkbox"/>	<input type="checkbox"/>	
d. Operations: Complex / Major / Intermediate / Minor	<input type="checkbox"/>	<input type="checkbox"/>	
e. Anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	
f. Clinical Oncology (Planning / Procedure)	<input type="checkbox"/>	<input type="checkbox"/>	Previous Claim No. _____ and Applied Amount(\$) (if any)
g. Laboratory Test	<input type="checkbox"/>	<input type="checkbox"/>	
h. Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
i. Therapy Treatments	<input type="checkbox"/>	<input type="checkbox"/>	
j. Others	<input type="checkbox"/>	<input type="checkbox"/>	
k. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks :

Checked by UHS Staff

Endorsed by UHS Unit Head

Mrs. Karen Ng
Senior Finance Manager
Payroll & Superannuation Unit