

Inpatient/Day Case Admission Notification

For elective surgery or pre-planned admission, please submit this notification at least 1 working day prior to admission. Please complete Section A&B and return this form to Quality HealthCare Medical Services Limited (QHMS) by **Fax: (852) 2851-2845 within office hours: Monday to Friday, 09:00 to 18:00. Please call Customer Service at (852) 8205 8205 if no reply in 24 hours.**

For Emergency admission, please call our Customer Service Hotline for arrangement.

Section A: To be completed by Patient (in Capital Letters)

Group ID:	Group Name:		
Member ID:	Employee Name:	Patient Name (for Dependent):	Patient's Date of Birth (DD/MM/YY)
Contact Phone No: _____		E-mail address: _____	

Patient's Signature and Release (parent or guardian, if patient is under age 18): I certify that the information supplied is true and correct. I authorize the release of all records or other information which may be necessary to determine benefits payable. The information provided on this form may be used and disclosed to other persons or entities, including my Plan sponsor, for the purpose of processing of this claim and performing health plan administration.

Patient's Signature (parent or guardian, if patient under age 18)

Date

Section B: To be completed by Attending Physician:

Physician's Name: _____ Specialty: _____

Name of Hospital: _____

Type of Accommodation: Semi Private Standard Private Critical Care Unit Day Case

Other, please specify: _____

Date of Admission: _____ Estimated Length of Stay: _____
(DD/MM/YY)

Admitting Diagnosis: _____ Work injury related? Yes No

Surgical procedure/Investigation: _____

Surgeon's fee: _____

Ward Round fee (per day): _____

Anaesthetist's fee: _____

Room and board: _____

Facility charges: _____

Other charges (please specify): _____

Approximate total charges: _____

Remark: _____

Physician's Signature: _____

Date: _____

Telephone No: _____

Fax No: _____

Section C: To be completed by QHMS

Attending Doctor: Network Dr.

Non-Network Dr.

Review by _____

Date: _____

Remark: _____

Guarantee of Payment issued on: _____