

Percutaneous Coronary Intervention (PCI) Subsidy Scheme Program Details and Application Form

A. Program Details

a. Application Guide and Terms & Conditions

(1) Subsidized Items (Operation)

Plan 1 Percutaneous coronary intervention (PCI) with 1 stent
HK\$31,400 after deduction of subsidy (original price: HK\$140,000)

Plan 2 Percutaneous coronary intervention (PCI) with 2 stents
HK\$52,000 after deduction of subsidy (original price: HK\$160,000)

Fees covered by subsidy:

- Designated cardiologist's pre-operative clinical assessment fee, operation fee, ward round fees and first post-discharge consultation fee
- Cost of coronary stent(s) (number of stents depends on selected plan)
- Basic fees for use of Hybrid Cardiac Catheterization and Interventional Operating Room:
 - Basic consumables/materials
 - Basic medication, including local anesthesia
 - Examination process (within 2 hours)
 - Operating room equipment
- Accommodation fee for standard room and basic nursing care fees (24 hours) ^
- Fee for intravascular ultrasound (intravascular ultrasound, intracoronary optical coherence tomography, or fractional flow reserve)

Items not covered by subsidy:

- Meals
- Personal expenses
- Emergency services, or additional fees incurred due to complications
- Fees for additional examinations, tests, treatments, operations, and nursing care not included in the scheme
- Fees for extended hospital stay^ and additional ward round, medication, and nursing fees incurred as a result of extended stay
- Any extra stent(s) required at HK\$20,000 each

^ If an extended hospital stay is required, the room rate for a standard room is HK\$900 per day (any length of stay within 24 hours is considered 1 day). Ward round fees are HK\$1,000 per day. Other fees associated with an extended stay may include but are not limited to costs for: nursing care, laboratory tests, and examination. Please visit www.hkah.org.hk/en/fee_schedule for more details.

(2) Applicant Eligibility

1. Hong Kong permanent resident
2. Participant of the Hong Kong Government's eHealth platform (**required**)
3. In stable health condition (patients taking long-term medication must submit their medical records)
4. Medically diagnosed with coronary heart disease
5. On the Hospital Authority (HA) waiting list for PCI
6. Monthly income less than HK\$25,000

a. Application Guide and Terms & Conditions

7. Total individual net worth less than HK\$360,000 (excluding self-occupied property)

(3) Application Process

1. Fill in the application form and submit it along with other required documents via:
 - a. email to foundation@hkah.org.hk; or
 - b. Whatsapp to 9765 2061; or
 - c. fax to (852) 3651 8840.
2. Each applicant may only submit 1 application. Processing will only commence after all required documents are received.
3. Hong Kong Adventist Hospital Foundation (HKAHF) will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days.
4. A pre-operative clinical assessment conducted by a designated cardiologist at Hong Kong Adventist Hospital – Stubbs Road (HKAH-SR) will be scheduled for applicants who have passed their financial assessment, to determine their suitability for the Operation.
5. HKAH-SR will make arrangements for relevant medical procedures for applicants approved for the Operation. The Operation will be conducted by a HKAH-SR designated cardiologist at HKAH-SR.

(4) Required Documents

- Completed and signed application form
- HKID copy of patient and guardian (if applicable)
- Medical reports (e.g. for chronic conditions such as hypertension or diabetes)
- Copy of address proof issued within the last 3 months
- Copy of bank records issued within the last 12 months (for all bank accounts)
- Copy of appointment slip (for next follow-up consultation) issued by a HA hospital
- Copy of waiting list proof for PCI issued by a HA hospital within the last 6 months

(5) Important Notes

1. Subsidies under this scheme may not be used in conjunction with direct billing or patient reimbursement.
2. The Operation is conducted by a HKAH-SR designated cardiologist.
3. Please ensure that the application form is completed in its entirety, duly signed, and that the information supplied is true, complete, and accurate.
4. Please ensure that all filled-in information and attached documents are clear and legible. If information is blurry or illegible, HKAH-SR and HKAHF reserve the right to reject the application.
5. The assessment process will begin only after all required information and documents are received.
6. In some cases, applicants may be asked to supply additional information or forms of identification, or to meet with a HKAH-SR / HKAHF representative in person. HKAH-SR / HKAHF may also contact the applicant's attending physician to obtain further information.
7. Due to limited number of subsidy recipient spots, HKAH-SR and HKAHF reserve the right of final decision. Applicants shall not raise any objections.
8. HKAH-SR and HKAHF reserve the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their discretion.

(6) Legal Responsibilities of Applicants

Information provided by applicants must be true and complete. It is an offense for any person to fraudulently obtain property/monetary/any advantage, either for the benefit of himself/herself or

a. Application Guide and Terms & Conditions

another person, or with the intent to cause another person to suffer a loss. If an applicant knowingly or intentionally makes a false statement or conceals any information in order to gain eligibility for the subsidy, or if his/her declared information changes, the applicant may be deemed ineligible for the Scheme. An applicant that deliberately fails to disclose changes in his/her information to HKAH-SR and HKAHF may face prosecution.

b. Declaration and Undertaking of Applicant

1. I have not benefited from the PCI Subsidy Scheme (Scheme) or other PCI schemes funded by the Hong Kong Government or non-governmental organizations in the past.
2. I am not currently employed by the Hong Kong Adventist Hospital – Stubbs Road (HKAH-SR), Hong Kong Adventist Hospital – Tsuen Wan, or Hong Kong Adventist Hospital Foundation (HKAHF).
3. I have a close relative who is currently employed by HKAH-SR / HKAHF. His/her position is _____ . / I do not have any close relatives currently employed by HKAH-SR / HKAHF.
4. All information and documents that I have provided for application to the Scheme are true, accurate, and complete.
5. I have carefully read and understand the “Application Guide and Terms & Conditions” section of this document, and agree to be bound by the terms and conditions in relation to the Scheme, HKAH-SR, and HKAHF.
6. I have read and agree to the Personal Information Collection and Privacy Policy Statements.
7. I understand and agree that HKAH-SR and HKAHF have the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their discretion.
8. I agree to make any enquiries necessary for the processing of this application.
9. I consent to the release of my information to any organization for the purpose of processing this application.
10. I authorize all organizations to release any records or information that may be required for the processing of this application to HKAH-SR and HKAHF.
11. I consent to the use or disclosure of any information provided in this application to any organization for verification purposes.
12. I agree to pay HK\$20,000 for each extra stent required during the operation.

I, the undersigned, have read, and fully understand and agree to the above provisions of this Declaration and Undertaking.

Signature of Applicant

(HKID Number: _____)

Date

B. Application Form

(Please tick the appropriate boxes.)

a. Personal Particulars			
Chinese name		English name	
Gender		Date of birth	
HKID number		Telephone	
Address			
Email address (if any)			
Are you on the Hospital Authority (HA) waiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scheduled operation date	_____ (year) _____ (month)		
Do you have a referral letter from a HA hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an appointment slip issued by a HA hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referrer (if applicable)	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Social worker	<input type="checkbox"/> No referral

b. Medical Details			
1. Condition			
2. Receiving treatment at: (public hospital)			
3. Latest examination date	_____ (year) _____ (month)		
4. Have you undergone operation for this condition?	<input type="checkbox"/> Yes Year of operation : _____	<input type="checkbox"/> No	
5. Have you undergone examination for this condition?	<input type="checkbox"/> Yes; type of exam: _____ Exam date: _____	<input type="checkbox"/> No	
6. Do you have any chronic conditions?	Diabetes	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Hypertension	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Hyperlipidemia	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Kidney disease	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not a dialysis patient.	<input type="checkbox"/> No
	Liver disease	<input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on	<input type="checkbox"/> No

b. Medical Details		
	medication	
	Sleep apnea <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not using the continuous positive airway pressure (CPAP) machine.	<input type="checkbox"/> No
	Parkinson's disease <input type="checkbox"/> Yes; and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	<input type="checkbox"/> No
	Chronic obstructive pulmonary disease <input type="checkbox"/> Yes;	<input type="checkbox"/> No
	Others (please specify) : _____ and I <input type="checkbox"/> am <input type="checkbox"/> am not on medication	

c. Prior to submitting your application, please ensure you meet the following criteria:
<input type="checkbox"/> I am a Hong Kong permanent resident <input type="checkbox"/> I am a participant of the Hong Kong Government's eHealth platform <input type="checkbox"/> I have completed the "b. Medical Details" section of this application <input type="checkbox"/> I am on the HA waiting list for PCI <input type="checkbox"/> Please enclose the following along with your completed and signed application form: <input type="checkbox"/> HKID copy of patient and guardian (if applicable) <input type="checkbox"/> Medical reports (e.g. for chronic conditions such as hypertension or diabetes) <input type="checkbox"/> Copy of address proof issued within the last 3 months <input type="checkbox"/> Copy of bank records issued within the last 12 months (for all bank accounts) <input type="checkbox"/> Copy of appointment slip (for next follow-up consultation) issued by a HA hospital <input type="checkbox"/> Copy of waiting list proof for PCI issued by a HA hospital within the last 6 months

For Internal Use Only		
HKAH-SR / HKAHF Response Date		
Applicant Response	<input type="checkbox"/> Pre-operative clinical assessment already arranged	<input type="checkbox"/> Rejected
Remarks		

Frequently Asked Questions and Answers

1. What is eHealth? How do I register?

The Electronic Health Record Sharing System (eHealth) is an electronic platform developed by the Hong Kong Government. You may register online. Please visit <https://www.ehealth.gov.hk/en/> or call (852) 3467 6300 for more details. Through eHealth, Hong Kong Adventist Hospital – Stubbs Road (HKAH-SR) will review each applicant's medical records shared by the public hospital system.

2. How long does the application process take? How long do approved applicants need to wait until their operation?

Hong Kong Adventist Hospital Foundation (HKAHF) will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days. A pre-operative clinical assessment conducted by a HKAH-SR designated cardiologist will be scheduled for applicants who pass their financial assessment, to determine their suitability for the Operation. HKAH-SR will then make arrangements for relevant medical procedures for approved applicants, which generally take place within 1 to 3 months. Emergency cases will be given priority as appropriate.

3. What is the PCI procedure like? How long does the operation take?

After local anesthesia is administered, the doctor inserts a catheter into the blood vessels in either the arm or the groin to reach the narrowed coronary artery. A balloon at the tip of the catheter is inflated to open the artery, and a stent is implanted to keep the artery open. Patients are generally discharged a day after the surgery.

4. What kind of follow-up care is required after surgery?

One post-discharge consultation by a HKAH-SR designated cardiologist is included in the Scheme. Our cardiologists will also provide referral letters so that patients may receive follow-up care at public hospitals.