



Hong Kong Adventist Hospital Foundation  
Robotic Assisted Total Knee Replacement Surgery  
Charity Program - Application Form

港安醫院慈善基金  
機械臂輔助全膝關節置換手術資助計劃  
申請表格

Foundation Use 基金專用  
Date received 收到日期：

Section I: Particulars of Referral Organization 轉介機構資料 (if applicable 如適用)

Name of Referral Organization 轉介機構名稱：		Referral Organization Chop 轉介機構蓋印：
Name of Contact Person 聯絡人姓名：	Title 職位：	
Contact Number 電話號碼：		
Email Address 電郵地址：		

Section II: Particulars of Applicant 申請人資料

Name in Chinese 中文姓名：		Surname in English 英文姓氏：		First Name in English 英文名字：	
Date of Birth 出生日期： ____ / ____ / ____ DD 日 MM 月 YYYY 年	Age 年齡：	Sex 性別：	Place of Birth 出生地點：	Nationality 國籍：	Marital Status 婚姻狀況：
Hong Kong ID No.: 香港身份證號碼：		Daytime Contact Phone No 日間聯絡電話：		Spoken Languages 語言： <input type="checkbox"/> Cantonese 粵語 <input type="checkbox"/> Mandarin / Putonghua 國語 / 普通話 <input type="checkbox"/> English 英語 <input type="checkbox"/> Others 其他：_____	
Home Address 住宅地址： _____ _____ _____		Name of Hospital / Clinic recently visited 最近求診之醫院/診所名稱：  Name of Attending Doctor 主診醫生名稱：		Diagnosis 診斷結果： (Please attach related medical record 請附上相關醫療紀錄)	

Section III: Particulars of Applicant Financial Situation 申請人經濟狀況

Occupation 職業：_____	Current Monthly Income 現時每月收入：_____	
Is the applicant a recipient of CSSA? 申請人是否正領取綜合社會保障援助(綜援)?	<input type="checkbox"/> 是 Yes, Valid Date 有效日期： _____	<input type="checkbox"/> 否 No
Is the applicant a recipient of Old Age Living Allowance? 申請人是否正領取長者生活津貼?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
Is the applicant a recipient of other government allowance? 申請人是否正領取其他政府津貼?	<input type="checkbox"/> 是 Yes, Please specify 請列明： _____	<input type="checkbox"/> 否 No

# Hong Kong Adventist Hospital Foundation

## Application Form

### 港安醫院慈善基金申請表

#### 1. Properties and Assets owned by Applicant 申請人的物業及資產

Please attach sheet(s) if more space is required 如表格不敷應用，請另紙書寫

##### 1.1 Capital Items 資產

	Description 敘述	Owner 持有者	Current Estimated Value 現時估值	Annual Derived Income (if any) 每年產生的收入 (如適用)
House / Land / Parking 物業 / 土地 / 車位	Location 位置			
	Purpose 用途			
	Purchase Date 購買日期			
Vehicle 車輛	Type 種類			
	License Plate No. 車牌號碼			
	Purpose 用途			
	Quantity 數量			
	Purchase Date 購買日期			
Business wholly or partly-owned 生意 - 包括全部或部份擁有	Co. Name 公司名稱			
	Address 地址			
	Nature 業務性質			
Total 總計:			HKD	HKD

##### 1.2 Insurance 保險

Policy No. 保單編號	Type of Policy 保險種類 (人壽 / 醫療等) (Life / Medical)	Policy beneficiary 保單受益人	Purchase Date 購買日期	Currency 貨幣	Current Value 現時價值
Total 總計:					HKD

##### 1.3 Bank Deposit 銀行存款

Account Holder Name 戶口持有人	Bank Name 銀行名稱	Bank A/C No. 銀行戶口編號	Type of Account 戶口種類 (Saving / Current) (儲蓄, 支票)	Currency 貨幣	Balance 結餘
Total 總計:					HKD

##### 1.4 Stocks and Shares / Bond / Fund 股票 / 債券 / 基金

Stock No 編號	Name 名稱	Quantity 數量	Owner 持有者	Current Value 現時價值
Total 總計:				HKD

Total Value of Properties and Assets 物業及資產總價值: **HKD**

## Hong Kong Adventist Hospital Foundation Application Form 港安醫院慈善基金申請表

### 2. Applicant's Expenses 申請人每月支出

表格不敷應用，請另紙書寫 Please attach sheet(s) if more space is required

Expense Descriptions 開支敘述		Monthly Expenses 每月支出
Accommodation 住屋	Rent 租金	
	Mortgage 樓宇按揭還款 Mortgage Amount (總金額) : Drawdown Date (取用日期) : Total No. of Installments (總供款期數) :	
	Rate and Government Rent 差餉地租	
	Management 管理費	
	Car / Loan 車 / 貸款	Loan payments e.g Tax, Vehicle etc. (稅務, 車輛貸款) Loan Amount (貸款總金額) : Drawdown Date (取用日期) : Total No. of Installments (總還款期數) :
	Car petrol / Maintenance (汽油 / 車輛維修)	
Insurance 保險	Vehicle Insurance (車輛保險費)	
	Insurance payments (保單供款)	
Utilities Bills 公用事務費用	Water / Electricity / Gas (水 / 電 / 煤)	
	Telephone / mobile / Internet (電話 / 手提電話 / 上網)	
Food 膳食	Food / Groceries / Meals away from home (外出膳食)	
Travel 交通	Transportation (交通)	
	Traveling (旅行)	
Education 教育	School fees, school bus and Books (學費、校車及書簿費)	
	Private tuition class (補習班) / Extracurricular classes (興趣班)	
Medical 醫療	Medical Expense (醫療開支)	
Domestic Needs 家庭需要	Domestic helper (家庭傭工)	
	Support of dependants 供養家屬 please specify 請註明	
Miscellaneous 其他	Charitable contributions (慈善捐款)	
	Miscellaneous 其他	
<b>Total Monthly Expenses 每月總支出 :</b>		<b>HKD</b>

### 3. Monthly Income and Expense Summary (申請人每月總收入及支出)

<u>Monthly Total Income (每月總收入)(A)</u>		<u>Monthly Total Expenses(每月總開支)(B)</u>	
Total Monthly Income from Applicant (申請人每月總收入)	= HK\$	Total Monthly Expenses (申請人每月總開支)	= HK\$
<b>Monthly Disposable Income (每月可自由使用的收入): A - B</b>		<b>= HK\$</b>	

# Hong Kong Adventist Hospital Foundation

## Application Form

### 港安醫院慈善基金申請表

#### Section IV: Declaration 聲明

I, \_\_\_\_\_, declare that:

本人 \_\_\_\_\_，謹此聲明：

1. The information given by me in this application is true and correct to the best of my knowledge and belief. During the application process, I will communicate any updates or changes to the information provided in a timely manner.  
本人在本次申請中所提供的資料，據本人所知及所信，均屬真確無訛；在申請過程中，如有任何更新或變更，本人會及時通知。
2. I have carefully read and understand the “Terms and Conditions” section of this documents, and agree to be bound by the terms and conditions in relation to the scheme, HKAH-SR, and HKAHF.  
本人已詳閱及同意接受本計劃「申請條款及細則」包括負責條款及其他有關本計劃、本院及慈善基金之條款及受其約束。
3. 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.  
本人明白及同意，本院有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。
4. I agree to make any enquiries necessary for the processing of this application.  
本人同意為處理本申請而進行任何所需的查詢。
5. I consent to the release of my information to any organization for the purpose of processing this application.  
本人同意為處理本申請而向任何機構提供本人的資料。
6. 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.  
本人同意授權所有機構向本院及慈善基金提供為處理本申請所需的任何記錄或資料。
7. I consent to the use or disclosure of any information provided in this application to any organization for verification purposes.  
本人同意可將就本申請所提供的資料提供予任何機構以作核對用途。
8. I hereby give consent to the use of photographs and videos taken of me or the applicant during the delivery and events of the Robotic Assisted Total Knee Replacement Surgery Charity Program for non-commercial purposes, such as for publication in annual reports and newsletters and for the purposes of public education and marketing of HKAHF.  
我在此同意在機械臂輔助全膝關節置換手術資助計劃的服務提供和活動期間拍攝的本人或申請人的照片和視頻，可用於非商業用途，例如在年度報告及新聞通訊中發佈，以及出於公眾教育和本基金計劃的營銷目的。

#### **eHealth – Electronic Health Record Sharing System (eHRSS)**

##### **醫健通 – 電子健康紀錄互通系統**

- I agree to give Sharing Consent to Hong Kong Adventist Hospital – Stubbs Road (Healthcare provider number: 7029571085), and give only One-year Sharing Consent / Indefinite Sharing Consent (Please circle) to concerned healthcare provider. During the preliminary assessment, the relevant doctor will first review the eHealth records to evaluate whether the patient is suitable for the program.  
本人同意給予香港港安醫院-司徒拔道（醫護機構編號：7029571085）互通，並給予該醫護機構為期一年 / 無限期（請圈出）互通同意。在初步評估時，相關醫生會先查閱醫健通，評估是否適合參加該計劃。
- I have read and accept the above Terms and Conditions, and confirm the information provided is correct.  
本人已閱讀並接受以上條款及細則，並確認所提供的資料正確無誤。
- I read and understand the PICS. I give consent to HKAHF’s collection and use of the applicant’s personal data in accordance with the PICS.  
本人已閱讀並理解聲明。本人同意本基金根據聲明收集及使用本人的個人資料。

(Please tick “✓” the square. 請在方格內加上「✓」號。)

Applicant’s Signature 申請人簽署

Date 日期

## Hong Kong Adventist Hospital Foundation Application Form 港安醫院慈善基金申請表

### Robotic Assisted Total Knee Replacement Surgery Charity Program - Participant Consent Form 參加機械臂輔助全膝關節置換手術資助計劃（本計劃）- 術前檢查費用確認及同意書

1. I have read and agree that a pre-operation comprehensive assessment is necessary prior to my scheduled procedure. This assessment is designed to evaluate my fitness for surgery and ensure my safety during the operation.

本人已明白及同意接受本計劃的術前檢查，進行術前檢查是必要的。此檢查旨在評估本人接受手術的適合性，確保在手術過程中的安全。

2. I understand that there is a charge of \$7,246 for the pre-operation assessment. I acknowledge the following conditions regarding this charge:

本人理解術前檢查的費用為**\$7,246** 港元。我確認以下有關此費用的條件：

**Passing of Pre-operation comprehensive assessment:**

If I pass the pre-operation comprehensive assessment, I will not be responsible for the \$7,246 charge.

**術前檢查通過：**

如果我通過術前檢查，我將不需要支付**\$7,246** 港元的費用。

**Failure of Pre-operation comprehensive assessment:**

If I do not pass the pre-operation comprehensive assessment, I agree to pay the full charge of \$7,246.

**術前檢查未通過：**

如果我未能通過術前檢查，我同意支付**\$7,246** 港元的費用。

**術前檢查明細表**

**Pre-operation comprehensive assessment breakdown**

心電圖	ELECTROCARDIOGRAM
部分凝血活酶時間	APTT
凝血酶原時間	PRO TIME
全套血液檢查	COMPLETE BLOOD COUNT
隨機血糖	GLUCOSE RANDOM
肝功能測試	LIVER FUNCTION TEST B
腎功能測試	RENAL FUNCTION TESTS
X光胸部（1像）(ROUTINE)	XR CHEST - SINGLE VIEW (ROUTINE)
X光左/右小腿 (LONG FILM, AP & LAT)	XR LEFT/RIGHT LEG (LONG FILM, AP & LAT)
X光左膝 (AP & LAT) (ROUTINE)	XR LEFT KNEE (AP & LAT) (ROUTINE)
X光右膝 (AP & LAT) (ROUTINE)	XR RIGHT KNEE (AP & LAT) (ROUTINE)
<b>總計 \$7,246</b>	<b>Total \$7,246</b>

備註：術前檢查費用有效期至 2026 年 12 月 31 日。

Remarks: The effective date of pre-operation comprehensive assessment charge is from now until 31 December 2026.

I, the undersigned, have read, and fully understand and agree to the above statements.

本人（即簽署人）已詳細閱讀並完全明白及同意上述聲明。

Applicant's Name  
申請人姓名

Applicant's Signature  
申請人簽署

HK ID card number  
香港身份證號碼

Signature Date  
簽署日期



## Hong Kong Adventist Hospital Foundation Application Form 港安醫院慈善基金申請表

### Robotic Assisted Total Knee Replacement Surgery Charity Program – Surgical Package fee Consent Form 參加機械臂輔助全膝關節置換手術資助計劃（本計劃）- 手術套餐費用同意書

1. I understand and agree that the package fee under the Robotic Assisted Total Knee Replacement Surgery Charity Program is **HKD\$98,000**.

本人明白及同意機械臂輔助全膝關節置換手術資助計劃的套餐費用為港幣**\$98,000**。

2. Charity Program Package Fee includes:

慈善手術套餐費用包括：

- Pre-operation diagnostic procedure charges & comprehensive assessment  
術前診斷檢查費用
- Doctor's procedure & ward round fee  
醫生手術費及巡房費
- Operating room charges including equipment, consumables, implants & instrument  
手術室費用，包括設備、消耗品、植入物和儀器
- Medication during operation, inpatient stay and discharge  
手術期間、住院期間及出院藥物
- Basic consumables or material charges  
基本耗材或材料費用
- Related test/imaging  
相關檢查/影像
- Accommodation charge for standard room (5 days, 4 nights)  
標準房間住宿收費（5日4夜）
- Physiotherapist assessment conducted during hospitalization, along with physiotherapy sessions once daily  
住院期間的物理治療師評估，以及每日一次的物理治療
- Two post-operation follow-ups  
術後覆診二次

I confirm that I have received and understood the detailed information regarding the subsidy surgery package, including all services covered and the associated costs.

本人確認已收到並理解慈善手術套餐的詳細信息，包括套餐所涵蓋的所有服務和相關費用。

I, the undersigned, have read, and fully understand and agree to the above statements.

本人（即簽署人）已詳細閱讀並完全明白及同意上述聲明。

\_\_\_\_\_  
Applicant's Name  
申請人姓名

\_\_\_\_\_  
Applicant's Signature  
申請人簽署

\_\_\_\_\_  
HK ID card number  
香港身份證號碼

\_\_\_\_\_  
Signature Date  
簽署日期

# Hong Kong Adventist Hospital Foundation

## Application Form

### 港安醫院慈善基金申請表

#### Terms and Conditions 申請條款及細則

#### Funding Principal 資助原則

1. Under normal circumstances, if the applicant passes the initial financial assessment, HKAHF will arrange the applicant to conduct relevant medical assessment at Hong Kong Adventist Hospital or its designated (medical) institutions. The relevant medical expenses incurred including outpatient services, surgery and clinical checks, etc. will be covered by HKAHF. However, other treatment services not provided by institutions under Adventist Health Hong Kong will not be reimbursed.  
一般情況下，申請人如通過審批，本基金會安排申請人於香港港安醫院或轄下指定之(醫療)機構進行相關之醫療評估，再按需要安排相關之醫療程序，由此衍生之醫療費用，包括門診、手術費用及檢查等費用會由本基金資助。然而，非港安醫療轄下的醫療機構提供的其他治療服務皆不獲資助。
2. HKAHF will not support the applicant in cash form.  
本基金不會以現金形式資助合資格之申請人。
3. HKAHF shall not be responsible for any medical expenses incurred in connection with the medical procedures that are not carried out at Hong Kong Adventist Hospital or its designated institutions.  
如有關醫療程序並非於香港港安醫院或其指定之機構進行，相關衍生之醫療費用，本基金概不負責。
4. HKAHF reserves the discretionary right to refer the applicant to HA hospital when necessary.  
本基金保留酌情權，在有需要時將個案轉介至醫管局轄下之醫院繼續治療。
5. To be eligible for HKAHF assistance, all cases must submit a formal application and fulfil the criteria including passing the financial assessment.  
所有個案必須正式提交申請，並符合經濟審查，方可獲本基金資助。

#### Application Procedure 申請程序

1. Applicant has to submit the completed the application form together with the supporting documents by email to [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk) or WhatsApp 9765-2061.  
申請人需填妥資助申請表及所需文件一併以電郵遞交至 [foundation@hkah.org.hk](mailto:foundation@hkah.org.hk) 或 WhatsApp 9765-2061.
2. The applicant can only submit one application at a time and ensure the submitted information are accurate and completed. Duplicate application or incomplete submission will not be processed.  
申請人每次只可以遞交一份申請書，並確保資料齊全。重覆遞交或資料不齊全的申請將不獲處理；
3. Hong Kong Adventist Hospital Foundation will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days.  
每個申請必須經由港安醫院慈善基金(慈善基金)作經濟審查。無論是否合適，慈善基金都會於 30 個工作天內由專人通知結果；
4. HKAH-SR will make arrangements for relevant medical procedures for applicants approved for the operation. The operation will be conducted by a HKAH-SR designed orthopedic surgeon at HKAH-SR.  
如評估為適合進行有關手術，將會安排相關醫療程序。手術只可於本院內進行，並由本院指定骨科醫生主理。

#### Documents required for application 申請所需文件

Applicants must submit both completed HKAHF application form together with the following supporting documents.

申請人必須填妥基金申請表並連同以下文件交回基金處理；

- HKID Card copy / Copy of Birth Certificate  
香港身份證或出世證明副本
- Copy of all bank account(s) record for the past 12 months  
最近 12 個月所有銀行戶口紀錄副本
- Copy of Proof of all property and assets owned  
物業及資產的證明副本
- Salary statement of current employer / Copy of Employer's Return of Remuneration and Pensions I.R. 56B or Salaries Tax Demand Note  
僱主填報的報稅表 I.R.56B 或薪俸稅通知書副本
- Any official documents issued by Social Welfare Department or other government departments that the applicant is receiving subsidies  
由社會福利署或其他政府部門發出之文件，證明申請人正領取其他津貼或補助
- Medical Record and/or documents issued by public hospitals or clinics  
由公立醫院或診所發出之醫療紀錄資料
- Referral Letter from public hospitals/doctors  
由公立醫院或醫生發出之轉介信
- Copy of address proof for the past 3 months  
最近 3 個月內的住址證明副本



## Hong Kong Adventist Hospital Foundation Application Form 港安醫院慈善基金申請表

### **Important Notes 注意事項**

1. Subsidies under this scheme may not be used in conjunction with direct billing or patient reimbursement.  
本計劃不適用於保險直接付款或保險索償。
2. The operation is conducted by a HKAH-SR designated orthopedic surgeon.  
手術於本院內進行，並由本院指定骨科醫生主理。
3. Please ensure that the application form is completed in its entirety, duly signed, and that the information supplied is true, complete, and accurate.  
請確保申請表的全部所需部分已填妥並簽署。當提供此個人資料時，請確保其真實性、完整性及準確性。
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.  
請確保填寫的資料及附加文件清晰可見，如申請表或其他證明文件模糊不清，本院和慈善基金有權不予受理。
5. The assessment process will begin only after all required information and documents are received.  
申請人必須遞交齊全的文件後，才會正式審批。
6. In some cases, applicants may be asked to supply additional information of 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.  
如有需要，本院和慈善基金有權要求申請人提供進一步資料和證明文件、約見申請人或聯絡申請人的授權應診醫生，索取進一步資料。
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.  
資助名額有限，本院和慈善基金保留最終決定權，申請人不得異議。
8. HKAH-SR and HKAHF reserve the right to amend, suspend, revoke, or discontinue the scheme or any individual application at their discretion.  
本院和慈善基金有權因應不同的原因，更改、暫停、撤回或中止本計劃及/任何個別申請。