

Admission Agreement

____(MM)____(DD)____(YY)

Due to the necessity of being hospitalized at NTUH for further medical treatment, I, _____, agree to accept the following regulations and instructions:

1. I will carefully read and follow the following information, and will cooperate with the healthcare professionals' advice.
2. I agree to pay (whether through self-payment or National Health Insurance co-payment) the fees and expenses incurred during the period of the patient's hospitalization. In the event that upon being discharged, I cannot cover the balance of all charges incurred, a consenting party and I will be responsible for the expenses.
3. If the patient has been referred from the ER, the balance of all charges incurred in the ER should be paid upon being discharged.
4. According to the medical laws of Taiwan, if the patient's doctor deems the patient fit to be discharged after an evaluation, the patients is obliged to be discharged. If the patient decides to stay in the hospital anyway, National Health Insurance will not cover the fees and expenses and I understand that I am responsible for the balance.
5. According to the National Health Insurance regulations, the patient is required to pay 10% of the total medical charges for days 1-30 of hospitalization (up to NT\$36,000); 20% of total medical charges for days 31-60 of hospitalization (no upper limit); and 30% of total medical charges from day 61 and beyond of hospitalization (no upper limit).
6. I agree that the patient will stay in a ward not fully covered by National Health Insurance for which I will pay NT\$_____ per day. Initial:_____
7. In principle, patients of the opposite sex will not be placed in the same room. Pediatric patients and patients who are related will be excluded. In special circumstances, patient's agreement will be obtained before having patients of opposite sex in the same room.
8. I am willing not willing to have the patient's room number be disclosed to any visitors.
9. I agree with NTUH to jointly designate the Taiwan Taipei District Court to be the court of first instance to exercise jurisdiction should a legal issue arise, and I also agree with NTUH that Taiwanese laws shall be the governing laws.

Emergency Contact Information

Name: _____	Tel: _____
Relation to the Patient: _____	
Address: _____	

Patient's Sticker

Signature of the Agreeing Party: _____
ID/ARC/Passport No.: _____
Relation to the Patient: _____ Tel: _____
Address: _____

- ★ If the patient is under 18 years of age or an interdicted person, this form should be signed by the patient's legal representative.
- ★ If the patient has lost the capacity of discernment, this form should be signed by the patient's authorized relative.