

病歷號：
 姓名：
 生日：西元 年 月 日

Self-Pay Agreement for Patients with National Health Insurance

After the medical staff's explanation, I understand the reasons for using the following items which are not covered by the National Health Insurance (NHI), its indications, side-effects and the different efficacy of the NHI items. I hereby agree to allow NTUH to make use of the following items and procedures not covered by the National Health Insurance. I understand that the following expenses and quantities are estimates. By signing this agreement, we, the patient and the guarantor, agree to pay for the actual charges after receiving treatment with no objections.

Selected Item	Medical Code	Item Name	Approval code of medical device (If none, please write NA)	Cost (NT\$/Ea.)	Qty.

Estimated Total Cost _____

Please note: Using NHI items with self-pay, standard prices may vary between cases involving children, emergency additional charges, etc.

Signature of the Agreeing Party (Patient): _____

Signature of the Guarantor: _____ Relation to the Patient: _____

I.D. No. : _____

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY) Phone No. : _____

Permanent Address: _____

Current Address: _____

Date: ____ / ____ / ____ (MM/DD/YYYY) Time: _____

Note:

The patient is required to sign as the agreeing party. For those patients who are underage or are unable to represent themselves, relatives or legal guardians may represent the patients (Medical Law No. 63, Rule 1, regarding personnel).