

**G.N. 3884 of 2017 (amendment effective from 18 June 2017),
G.N. 2107 of 2020 (amendment effective from 29 January 2020)**

HOSPITAL AUTHORITY ORDINANCE (Chapter 113)

REVISION TO LIST OF CHARGES

PUBLIC CHARGES – NON-ELIGIBLE PERSONS

2.1 Inpatient charges for public wards

(a) Public ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, diagnostic imaging and other examinations), vaccines and general nursing, where such examinations or treatments are necessary, and prescriptions within the scale provided at the hospitals and clinics.

(b) The rates of maintenance fee per day or part thereof for public wards, including patients using day wards, are as follows:

	\$
(i) General hospitals:	
General wards	5,100
Intensive care wards/units	24,400
High dependency wards/units	13,650
Nursery	1,340
(ii) Psychiatric hospitals	2,340

(c) A daily maintenance fee of \$810 will apply for persons accompanying a patient and occupying a bed.

(d) Where a patient is admitted into a public ward of a hospital and provided with Special Asian Diet or European Diet meals, the following charges in addition to the daily maintenance fee specified above will be made:

	\$
Special Asian Diet	115
European Diet	230

2.2 Outpatient charges

The charges for medical attention and treatment which include the costs of prescriptions, pathology investigations, radiology and other examinations are as follows:

	\$
(a) Attendance at an Accident & Emergency Department	1,230
(b) Attendance at a general clinic	445
(c) Attendance at a specialist clinic (including allied health clinic)	1,190
(d) Attendance at a clinic or hospital for injection or dressing	100

2.3 Charges for day procedure

(A) For patients attending day procedure and treatment session for Haemodialysis at a Renal clinic/centre or other ambulatory facility, the following charges will apply per attendance:

	\$
(a) Chronic Haemodialysis	3,000
(b) Acute Haemodialysis	6,000

The above charges do not cover charges for prescriptions, radiology, pathology and diagnostic/therapeutic procedures, which will be made at the rates prescribed in the List of Private Charges as set out in Appendix II.

(B) For patients attending a Clinical Oncology clinic or an Ophthalmic clinic for day procedure and treatment, the following charges will apply per attendance:

	\$
(a) Clinical Oncology clinic	895
(b) Ophthalmic clinic	725

The above charges do not cover charges for prescriptions, radiology, pathology and diagnostic/therapeutic procedures, which will be made at the rates prescribed in the List of Private Charges as set out in Appendix II.

(C) Other than (A) and (B), each attendance for day procedure and treatment in an ambulatory facility will be charged at the rate same as inpatient charges for general wards as specified in section 2.1(b)(i).

2.4 Charges for day hospitals

For each attendance at a day hospital, the following rates of charges per attendance will apply:

	\$
(a) Psychiatric day hospital	1,260
(b) Geriatric day hospital	1,960
(c) Rehabilitation day hospital	1,320

Where a meal or meals are provided, the following charges in addition to the attendance fee specified above will be made for each attendance:

	\$
with Special Asian Diet	93
with European Diet	185

No additional charge will apply for meals with Asian Diet.

2.5 Charges for community services

For the provision of community services, the following rates of charges will apply:

	\$
(a) Community nursing service (per visit)	535
(b) Community psychiatric nursing service (per visit)	1,550
(c) Community allied health service (per visit)	1,730

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2.6 Charges for dental treatment

Dental treatment will be provided by hospitals and clinics to those patients in need of emergency dental treatment or dental treatment as an essential part of their medical treatment. In addition to the appropriate maintenance and/or attendance fees payable, the patient will be charged for prosthetic appliances at cost as determined by the dental officers of the hospital/clinic.

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2.7 Charges for obstetrics services

(i) (a) For patients who make a booking arrangement with the Hospital Authority for antenatal checkup and delivery for the concerned pregnancy before having a delivery in Hospital Authority hospitals, clinics or Accident and Emergency Departments, a minimum rate of \$39,000 will be charged on booking. It covers the charges for one antenatal attendance at a Hospital Authority specialist outpatient clinic, the delivery (vaginal or operative) and the first three days of hospitalization in general wards (i.e. a two-night stay) for the concerned delivery. This minimum rate is non-refundable except in those circumstances set out below where a full refund may be considered upon application subject to deduction of those charges for the hospital services which the patient has received for the concerned pregnancy :-

(1) in cases involving miscarriage, termination of pregnancy, stillbirth or (2) in cases involving a change in the patient's status from a Non-Eligible Person to Eligible Person after payment of this minimum rate but before the delivery.

(b) For patients who have a delivery or have received delivery care service in Hospital Authority hospitals, clinics or Accident and Emergency Departments without prior booking arrangement as referred to in section 2.7(i)(a) for the concerned pregnancy and/or without having attended any antenatal attendance at a Hospital Authority specialist outpatient clinic during the concerned pregnancy, a minimum rate of \$90,000 will be charged. This minimum rate covers the charges for the delivery (vaginal or operative) and the first three days of hospitalization in general wards (i.e. a two-night stay) for the concerned delivery.

(ii) Where a patient is admitted to general wards for a period exceeding the coverage, the rate of maintenance fee for general wards set out in section 2.1(b)(i) will be charged for the extra day(s).

(iii) Other inpatient charges for public wards set out in section 2.1(b) to (d) and outpatient charges set out in section 2.2 apply separately.