



## International Patient Hospitalization Consent Form 國際醫療病人住院同意書

To whom it may concern 敬啟者

(1) The applicant (patient) agrees to be charged based on the standards of the International Medical Service Center of Taipei Veterans General Hospital. (Scan the QR code on the right for details)

申請人同意以本院國際醫療服務收費標準計價。



(2) Ward fees per day for international patient 每日國際醫療病房費用  
TWD \_\_\_\_\_。

(3) Do you have any medical or business insurance? 您有任何醫療或商業保險?

Yes 有  No 否

(4) Do you agree to disclose your inpatient information for visitor inquiries?

您同意公開住院訊息供訪客查詢?

Yes 有  No 否

(5) The applicant/signatory signs this document voluntarily.

申請人、簽署人自願簽訂本同意書。

The applicant (patient) 申請人： \_\_\_\_\_

Contact address 連絡住址： \_\_\_\_\_

Phone number 電話： \_\_\_\_\_

Email： \_\_\_\_\_

Emergency contact person 緊急聯絡人： \_\_\_\_\_

Emergency contact phone number 緊急聯絡人電話： \_\_\_\_\_

Signature 簽署人： \_\_\_\_\_ (Relationship 關係： \_\_\_\_\_)

Date 日期： \_\_\_\_\_

※ All disputes or litigations arising from medical services shall be governed by and in accordance with the laws of the Republic of China, and consent is given to the Taipei Shilin District Court to have jurisdiction as the court of first instance.

凡因醫療服務所產生之所有爭議或訴訟，均遵照中華民國法律規定，並同意以臺灣士林地方法院為第一審管轄法院。

Sincerely,

Taipei Veterans General Hospital

此致 臺北榮民總醫院