# DÉL-BUDAI CENTRUMKÓRHÁZ SZENT IMRE EGYETEMI OKTATÓKÓRHÁZ

# 1115 Budapest, Tétényi út 12-16. Osztály/Profil neve Osztályvezető/Profilvezető főorvos neve osztályvezető/profilvezető főorvos

FNY260/1/angol

## **Data Sheet** for explanation of payment

I. Patient's data:					
Name:					
Place and date of birth:					
Address (country, city):					
Address ( street, No.)					
Citizenship::		Need of f	oreign language d		
Passport /ID No.:				eference code:	
Serial No.:			Pre	ference name:	
H. D.4- (64b. b	D-46	D-46	D		
II. Data of the hospital treatment:	Date of	Date of	Days of	Unit pri	ee:
Active care:	admission:	discharge:	treatment:		HUF/w.score
Active care within 12 hours:					HUF/w.score
Active care within 24 hours:					HUF/w.score
Tienve care within 2 i nouis.					HUF/day
Ward					HUF/day
77 02.0					1101/4409
III. Fees to pay	HBC	S kód	HBCS	S megnevezése	
1. Costs for operation and aaesthesia, not included in HDG:					
2. Based on HDG:					
Weighted score:			Norr	native limit of stay (day):	
Kiegészítő HBCS:			TVOIL	mative minit of stay (day).	
Weighted score:			There is no complementary HDG		
Active care:				HUF	
Care above normative limit of stay:				HUF	
Care at chronic department:				HUF	
Care at enrome department.				1101	1
3. Based on price list (not included i	in HDG) medical ca	re / emergency med	lical care:		
Name:	ICMP code	Amount	Unit	price (HUF)	Fee (HUF)
	Total	HIIE			
	Total:	HUF			
Total active care:	Total:				
Total active care:  Documentation in foreign language:	Total:	HUF HUF			
Documentation in foreign language:			нин	Invoice for (name, addr	ecc):
Documentation in foreign language:	Total:		HUF	Invoice for (name, addr	ess):
Documentation in foreign language:  Total medi				Invoice for (name, addr	ess):
Documentation in foreign language:  Total med  Complementary services:			HUF Price (HUF)	Invoice for (name, addr	ess):
Documentation in foreign language:  Total med  Complementary services:  Ward				Invoice for (name, addr	ess):
Documentation in foreign language:  Total med  Complementary services:  Ward  Administration:				Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:	ical services:			Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:				Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary	ical services:		Price (HUF)	Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary	ical services:			Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary	ical services:		Price (HUF)	Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary  Total complementary	ical services:  nentary services:		Price (HUF)	Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary  To b	ical services:		Price (HUF) HUF	Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services:  Total complementary  Total complementary	ical services:  nentary services:		Price (HUF) HUF	Invoice for (name, addr	ess):
Complementary services: Ward Administration: Other services: Total complementary To b	ical services:  nentary services:		Price (HUF) HUF	Invoice for (name, addr	ess):

\*Other services: