

**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 foreign language document: (y/n)	
Passport /ID No.:		Preference code:	
Serial No.:		Preference name:	

II. Data of the hospital treatment:	Date of admission:	Date of discharge:	Days of treatment:	Unit price:
Active care:				HUF/w.score
Active care within 12 hours:				HUF/w.score
Active care within 24 hours:				HUF/w.score
				HUF/day
Ward				HUF/day

**III. Fees to pay**

HBCS kód

HBCS megnevezése

<b>1. Costs for operation and anaesthesia, not included in HDG:</b>		
<b>2. Based on HDG:</b>		
Weighted score:		Normative limit of stay (day):
<b>Kiegészítő HBCS:</b>		
Weighted score:		There is no complementary HDG
Active care:		HUF
Care above normative limit of stay:		HUF
Care at chronic department:		HUF

**3. Based on price list (not included in HDG) medical care / emergency medical care:**

Name:	ICMP code	Amount	Unit price (HUF)	Fee (HUF)
<b>Total:</b>		HUF		

<b>Total active care:</b>		HUF
Documentation in foreign language:		
<b>Total medical services:</b>		HUF

**Invoice for (name, address):**

<b>Complementary services:</b>		Price (HUF)
Ward		
Administration:		
Other services:		
<b>Total complementary services:</b>		

<b>Total:</b>	HUF
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<b>To be paid:</b>	HUF
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Budapest,

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doctor's seal and signature

\*Other services: