



CHILDREN'S KIDNEY FUND LIMITED
兒童腎病基金有限公司

九龍旺角彌敦道 677 號旺角恆生銀行大廈 803 室
Room 803, Hang Seng Bank Mongkok Building, 677 Nathan Road, Mongkok, Kowloon.
Tel : 2 3 6 9 4 9 2 8
Website: <http://www.childrenkidneyfund.org.hk>

『自動腹膜透析計劃』
Automated Peritoneal Dialysis (APD) Programme Subsidy

資助費用申請表格
Application Form

一. 申請人 (病童) 資料
Information on Applicant (Patient)

姓名 : (中) : _____ 性別 : _____
Name Chinese _____ Sex _____
(英) _____ 出生日期 : _____
English _____ Date of Birth _____
出生證明書 / 身份證號碼* (請刪去不適用者): _____
Birth Certificate / Identity Card No. * (Delete as Inappropriate) _____
居住地址 : _____
Residential Address _____
電話 : _____
Tel. No. _____

二. 申請人父母/監護人資料
Information on Parent / Guardian

姓名 : (中) : _____ 性別 : _____
Name Chinese _____ Sex _____
(英) _____ 身份證號碼 : _____
English _____ Identity Card No. _____
與申請人關係 : _____
Relationship with Applicant _____
聯絡地址 : _____
Contact Address _____
聯絡電話 : (日) _____ (夜) _____
Tel. No. Daytime _____ Evening _____

三. 轉介醫生聲明

Declaration of Referring Doctor

申請人所患疾病：

Sickness of Applicant _____

所需資助類別 (請於方格內以 ✓ 表示)

Subsidy Required [Please ✓ in the appropriate box(es)]

(A) 「自動腹膜透析計劃」喉管費用津貼

APD Minicaps and Tubings

茲證明上述申請人將於_____年_____月起接受「自動腹膜透析計劃」治療，本人推薦給予喉管費用資助。

This is to certify that the Applicant will start the APD treatment from _____ (mo./yr.). I would like to recommend him/her for subsidy for APD minicaps and tubings.

(B) 「自動腹膜透析計劃」首次裝置費用津貼

APD Programme Initial Set-up Cost

茲證明上述申請人將於_____年_____月起首次開始「自動腹膜透析計劃」治療，本人推薦給予計劃所需裝置費用資助，用以購買電子磅、血壓計及鈦金屬接駁器。

This is to certify that the Applicant will start the APD treatment from _____ (mo./Yr.). I would like to recommend him/her for the Initial Set-up Cost for the purchase of blood pressure monitor, electronic weighing machine and Titanium adaptor/outlet port clamps.

轉介醫生姓名：

(中)

Name of Referring Doctor

Chinese

(英)

English

簽署：

Signature

轉介日期：

Date of Referral

所屬醫院：

Name of Hospital

聯絡地址：

Address

電話：

Tel. No.

四: 申請人聲明

Applicant's Declaration

茲証實上述資料無誤。

I declare that the above information is rightful and correct.

申請人(年齡十二歲以上者) 簽署：

Signature of Applicant (For age 12 or above)

父母 / 監護人簽署：

Signature of Parent / Guardian

收款人 (基金發放支票抬頭人) 姓名：

Name of Cheque Recipient

簽署式樣：

Specimen Signature

申請日期：

Date of Application

以下由基金工作人員填寫 (For Office Use Only) :

收件日期 :

Received Date

收件人簽署 :

Signature of Receiving
Officer

核准人簽署 :

Approved by

日期 :

Date

日期 :

Date

日期 :

Date

檔案編號 :

Reference No.

開始資助日期 :

Subsidy Starting

結束資助日期 :

Subsidy Termination

備註 :

Remarks

附註 :

NOTES

1. 『自動腹膜透析計劃』喉管費用津貼的資助金額為購買喉管費用的百份之七十五，每年最高限額為港幣貳萬伍仟圓正。申請人需先行向喉管供應商支付費用的百份之二十五，餘額由喉管供應商直接向本基金索取。

The APD Programme Subsidy is 75% of the minicaps and tubings cost, up to a maximum of HK\$25,000 per case per calendar year. An applicant is required to pay 25% of the fee to the supplier first, and the CKFL will pay the balance directly to the supplier.

2. 首次裝置費用只用以購買電子磅、血壓計及鈦金屬接駁器。申請人需先行繳付全部費用，取回收據交予本基金。本基金將以支票形式發還費用的百份之五十，最高津貼額為港幣壹仟圓正。

The Initial Set-up Cost is for the purchase of blood pressure monitor, electronic weighing machine and Titanium adaptor/outlet port clamps. An applicant has to pay all the required costs, and then submit the receipt to CKFL for 50% of reimbursement, with a maximum at HK\$1,000.

3. 凡於每年六月以前已領取津貼者，必須於是年十月至十二月期間由醫院醫生推薦續期，方可於下年度繼續獲得資助。

For patients who are on APD Programme Subsidy before June of a year, renewal of recommendation has to be made by a hospital doctor between October and December for continuation of the subsidy in the following year.