

Application for New Payment Account

Name of Physician: (IN FULL NAME)	Physician Code: <i>(For office use only)</i>
Email Address:	Contact Number:

IMPORTANT: To facilitate the logistics set up for your doctor fee/ allied health payment, please fill in the following information. Please allow **15 business days on average upon all necessary documents are received** to activate such change.

Notes of Doctor Fee / Allied Health Payment Arrangement

St. Paul's Hospital accepts Cash, EPS and Credit cards payment (except cheque) made by patients on settlement of hospital bills, including doctors' fees, upon discharge.

Hence, service charges calculated at the specified rates charged by the respective Card Centres / EPS will be automatically deducted proportionately from the doctor/ allied health fees collected on your behalf during our semi-monthly doctor fee reimbursement/ monthly allied health payment process. Details will be shown on your statement.

Please also examine your doctor fee/ allied health payment statement immediately and refer any queries on statement within **60 days** to our Finance Department. Retain all statements for tax purpose.

SECTION A: Doctor Fee Auto Payment Arrangement (For Doctor Only)

Part 1 - Select Bank Account:

- Personal, HKID Card No.:
- Company (*please provide BR copy*), Business Registration No.:

Part 2 - Complete the Bank Information:

Bank Name	Bank Code	Branch Code	Bank Account Number	Country Hong Kong
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Name of Account Holder:

SECTION B: Allied Health Cheque Payment Arrangement (For Allied Health Physician Only)

Part 1 - Select Bank Account:

- Personal, HKID Card No.:
- Company (*please provide BR copy*), Business Registration No.:

Part 2 - Complete the Cheque Payee Name:

Please ensure the following documents are enclosed with this application:

<input type="checkbox"/> Copy of BR Certificate (<i>for Company Bank Account</i>) <input type="checkbox"/> First page of bank account statement	Signature	
	Physician's Signature	Date

Please return the completed form with relevant supporting documents by:

- 1) Fax: 2837 5241 or email: vmo@stpaul.org.hk
- 2) Post: 2 Eastern Hospital Road, Causeway Bay, Hong Kong (*Attn: Medical Superintendent's Office*)

Office Use Only:	
Doc verified by:	
Updated by:	
Verified by:	