

Anamnesis # : _____

Ward # : _____

☐ NIH ☐ Own Expenses

※Please read the contents carefully and complete in print .

Letter of Guarantee for Hospitalization

Date: _____

This is to guarantee that I shall observe the following rules during my treatments at the Hospital:

1. Regulations for hospitalization
2. Accept the instructions and coordinate with the doctors, nursing and other professional personnel.
3. Pay the expenses according NIH regulations.
4. Pay what I agree to pay which is not under the NIH regulations.

In the event of debts or other disputes incurred from this medical matter, the guarantor agrees to have Taoyuan District Court as the first jurisdiction court. The involving guarantor agrees to settle the payment provide the guarantor fails to and waives the counterplea right.

To

Clinics for the Public under Taoyuan Armed Forces General Hospital

Guarantor: _____ (Signature/seal)
(Hospitalized patient)

Legal representative: _____ Signature/seal) ID: _____



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Phone:(O) _____ (H) _____ (Mobile phone) _____

Household registered address:

Contact address:

Involving guarantor: _____ (Signature/seal) ID: _____

Phone:(O) _____ (H) _____ (Mobile phone) _____

Household registered address:

Contact address:

Tick	I agree to pay the following at my exenes.	Expenses	Auxiliary Equipment at the Wards	Signature
	Exmination items, drugs, examination fees, joint examination fees an other medical expenses not covered by NIH.	Based on the actual items.		
	Difference of singe ward (one person/ward) (In the event of amendments, expenses will be based on the announcements on the counter.)	NT\$1,500/DAY	<input type="checkbox"/> TV <input type="checkbox"/> Fridge <input type="checkbox"/> Phoe <input type="checkbox"/> Sofa <input type="checkbox"/> Eletromagnetic wave oven <input type="checkbox"/> Microwave oven	

Counter guarantor of the Hospital: _____ (Signature/seal)

Date

Remarks

1. The letter of guarantee will be kept at the Hospital.
2. Please complete all the columns and prepare NIH Card and ID Cards of both parties for checking.
3. In case you are the patient of critical diseases or occupational injuries, please submit the relevant documens to the counter to protect your rights.

