Hospital Authority (HA) Pok Oi Hospital 醫院管理局 博愛醫院

Please submit the completed Application Form **in person** or **by mail**: 請將填妥的申請表**親自**或以**郵寄方式**遞交至:

Address 地址:

Release of Information Services, Health Information & Records Office, M/F, Pok Oi Hospital, Au Tau, Yuen Long

新界元朗坳頭 博愛醫院閣樓 醫療資訊記錄部 醫療信息發放組

Telephone 電話: 2486 8535

Application Form of Fee Waiver for Mortuary Service (Special Transitional Arrangement)

殮房服務收費豁免申請表 (特別過渡安排)

Application Notice on the Special Transitional Arrangement 特別過渡安排申請須知:

- (a) The charges for mortuary service at HA are effective from 1 January 2026. 醫院管理局殮房服務收費已於 2026年1月1日起實施。
- (b) On compassionate ground, for the deceased whose bodies have been stored in HA mortuary on or before 31 December 2025, the next-of-kin or representative of the deceased can apply special transitional arrangement:
 - Waiver of the mortuary charge from 1 to 28 January 2026; and
 - Adjustment of the mortuary charge to \$200 per day from 29 January to 4 February 2026; \$550 per day thereafter.

基於恩恤考量,如遺體於 <u>2025 年 12 月 31 日或之前</u>已存入醫管局殮房,親屬或先人代表可申請特別過渡安排:

- ▶ 減免 2026 年 1 月 1 日至 28 日的殮房收費;及
- ▶ 2026年1月29日至2月4日的殮房收費調整至每日200元;其後為每日550元。

Deceased Patient Particulars 已故病人資料				
Name (English):	中文姓名:_			
HKID No./ Passport No.* 香港身份證/護照號碼*:				
Signature of Next-of-kin or Representative of the Deceased 親屬或先人代表簽署				
Name of Next-of-kin or Representative of the Deceased 親屬或先人代表姓名	Relationship with Deceased 親屬或先人代表與死者關 係	HKID No. 香港身份證號碼		
I would like to apply for the fee waiver for mortuary charge (Special Transitional Arrangement). 本人欲申請殮房服務收費豁免(特別過渡安排)。				
Signature 簽署	Date 日期			

This part to be completed by Death Documentation Office		
The deceased's body stored in hospital mortuary before 1 January		
2026 □ Y	Yes □ No	
Remarks:		
Staff Name and Signature : Date :		
This part to be completed by Finance		
Recommendation:		
☐ Hospital Chief Executive for waiver approval [Amount \$		_]
□ Waiver is not supported Reason :		_
Remarks:		_
Staff Name and Signature : Date :		