

General Patient Self-Paid Hospitalization Affidavit

To:

Civilian Division, Hualien Armed Forces General Hospital

Date:

I, the undersigned, _____, am willing to enter the

Room for one person (Self-paid **NT\$1,800/day**)

Room for two people (Self-paid **NT\$1,200/day**)

Room for Four people (Self-paid **NT\$600/day**)

Civilian Division, Hualien Armed Forces General Hospital; and agree to pay full expenses of medical treatment by myself. I will not make any claim if any violation of above guaranty occurs.

Patient Signature:

Dependents Signature:

(Note) If you need the details about the fees, you should apply within 3 months and pay NT\$150.