

## National Health Insurance Patient Room Co-Payment Affidavit

To:

Civilian Division, Hualien Armed Forces General Hospital

Date:

I, The undersigned, \_\_\_\_\_ an insured of the Whole  
People Health Insurance, am willing to enter the

Single suite (Self-paid room difference **NT\$1,000/day**)

Double suite (Self-paid room difference **NT\$400/day**)

of the Civilian Division, Tri-Service General Hospital, National Defense  
Medical Center; and agree to pay the daily ward difference and partial  
expenses of medical treatment by myself. The hospitalization status  
shall be confirmed within seven days (excluding official holidays) after  
the day of hospitalization and if I do not have a certificate of health  
insurance status, according to the regulations of the Health Insurance Law,  
I agree to pay the full expenses of medical treatment. I will not make  
any claim if any violation of above guaranty occurs.

Patient Signature:

Dependant Signature:

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