



the clinic by International Rehabilitation Specialists
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BARCODE
(ADMINISTRATIVE USE)

PATIENT REGISTRATION FORM / 病人注册表

A. PATIENT DETAILS 患者信息:

Mr. 先生 Mrs. 太太 Miss. 女士 Surname 姓: _____ Name 名: _____ Gender 性别: M 男 F 女

ID Type 证件类型: ID Card 身份证 Passport 护照 Official ID No. 证件号码: _____

Date of Birth 出生日期: DD日_____/MM月_____/YYYY年_____. Nationality 国籍: _____

Types of Residency 居留信息: Visitor 访问 Study in China 在中国学习 Living in China for Work 在中国工作 Chinese Resident 中国居民 Others 其它

Referring Doctor and Hospital Name

推荐医生和医疗机构的名字: _____

Primary Address in China

现中国居住地址: _____

China Contact Number

中国联系电话: +86 _____

E-mail Address

邮箱地址: _____

B. EMERGENCY CONTACT DETAILS 紧急联系方式:

Contact Person

联系人: _____

Contact Person's E-mail

联系人邮箱地址: _____

Contact Person's Phone

联系人电话: + _____

C. PAYMENT METHOD 付费方式 (please notice that payment is required on the day of the service 费用需要在服务当天结清):

1. Cash 现金 2. Credit Card 信用卡 3. Insurance Company 保险公司

D. HOW DID YOU HEAR ABOUT the clinic? (check the box(es):

您是如何知道上海赧动医学康复门诊部的? (请选择一项或多项) Internet 网络 Referral 转诊 Community 社群 Events 活动 Media 媒体

Other 其它 Please Specify 请详述 _____

FINANCIAL POLICY / 医疗付费制度

Authorization of benefits / 自愿声明

I hereby authorize the clinic by International Rehabilitation Specialists, to furnish information concerning my illness and treatment to my insurance carriers. I authorize payment of medical benefits to the clinic by International Rehabilitation Specialists.

本人知晓并同意上海赧动医学康复门诊部 (the clinic) 向保险公司提供我的疾病以及治疗记录。本人知晓并同意支付由上海赧动医学康复门诊部提供的医疗服务费用。

Responsibility of payment / 费用承担认责

I, the undersigned, hereby declare and accept full responsibility to pay the clinic by International Rehabilitation Specialists any and all sums arising from any claim in respect of medical treatment received being rejected by my medical insurance.

本人郑重承诺本人愿意承担上海赧动医学康复门诊部 (the clinic) 的全部医疗服务费用, 包括保险不同意支付的费用部分。

Late Cancellation / No Show Policy / 过迟取消/无故未到的相关政策

Should a patient wish to cancel their appointment, the clinic requests 24 hours notice be given. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, the clinic reserves the right to charge a fee of 200RMB for every "no show" and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice (SMS, WeChat Message, Email, call). Upon a patient missing an appointment for the third (3rd) consecutive time after initial confirmation, the clinic might request that patients pay a fee of RMB500 to allow for further scheduling. Notice that these fees are not covered by any insurance.

如果有客人希望取消预约, (the clinic) 要求提前24小时提供预约变更信息。每当有客人没有提前通知就错过预约时, 就会让另一位客人无法及时接受治疗。因此, (the clinic) 保留在每次错过预约 ("无故未到")、无故未提前24小时 (通过短信、微信、电子邮件、电话等方式) 取消原定预约的情况下收取200元费用的权利。如果连续3次未按原定预约时间及时看诊, (the clinic) 可在第三次收取500元的重新预约费。请注意, 这些费用不可通过商业保险报销。

Patient / Parent or other authorized representative signature

患者 / 父母或者其他授权人签署确认 _____

D日: _____ M月: _____ Y年: _____

Thank you for your time. For any suggestions and feedback please ask the front desk to give you our

Clinic manager contact or email us at concierge@theclinic.international

感谢您宝贵的时间。如果您有任何宝贵的意见和反馈请向我们前台要我们部门经理的联系方式或者您可以直接发邮件 concierge@theclinic.international