



For Internal use only

Application No.

Heartwarming Initiative Charitable Foundation Subsidy Scheme

Cardiac Catheterization and Percutaneous Coronary Intervention (PCI)

Application Form

Part A :

(☐ Please tick as appropriate)

Part I : Personal Information of Applicant					
Name of Applicant:	(English)				
Gender/Age:	/	Date of Birth :	(dd/mm/yyyy)		
HKID No.:		Applicant's Phone No.:			
Residential Address:					
Contact Person / Relationship:	/ (Relationship)	Phone No.:			
Part II: Applicant's Medical Information					
Follow up Hospital (under HA)					
Scheduled Operation Date (in HA)	(dd/mm/yyyy)				
Hospital Authority (HA) documents:	<input type="checkbox"/> HA PCI Referral Letter	PCI Appointment Slip	Others_____		
eHealth System eHR Number:		eHealth Access Key:			

Part III: PCI Package Information
Heartwarming Initiative Charitable Foundation Subsidy Scheme Includes <ul style="list-style-type: none">• Doctor's procedure fee• Operating room charge, specified number of coronary stent(s)• Intra-operative: Equipment, basic consumables and basic medication charges• Room charges of hospitalization in general ward (2 days) with standard meals, ward round and related nursing care• 1st post operative consultation fee

Part IV : Self-Paid Items
1. Pre-operative cardiologist consultation fee HK\$400-
2. Additional charges for operation not related to PCI, treatment charges for long-term disease and its complications, miscellaneous charges, additional nursing charges, additional medicines and discharge medicine charges, etc..

Part V: Declaration and Undertaking	
1. I am a resident of the Hong Kong Special Administrative Region and hold a Hong Kong identity card.	
2. I have joined electronic health record scheme of the Hong Kong Special Administrative Region.	
3. I am receiving cardiology treatment and waiting for PCI in hospital under the Hospital Authority (HA)	
4. I have not benefited from any "PCI" program funded by government or non-government organizations.	
5. I have <input type="checkbox"/> close relative that currently employed in Heartwarming Initiative Charitable Foundation, whose position is _____ / <input type="checkbox"/> do not have close relative that currently employed in Heartwarming Initiative Charitable Foundation.	
6. All personal data I declare to the Heartwarming Initiative Charitable Foundation are true, accurate and complete.	
7. I understand that my application will only be approved by Heartwarming Initiative Charitable Foundation if all the submitted documents (application form and attached documents) are clear and complete.	
8. I understand and agree that **all expenses and charges exceed the amount of subsidy** will be borne by self and NO extra funding will be offered.	
9. I understand that this subsidy scheme is not applicable for insurance claims or direct settlement.	
10. I understand and agree to accept the terms of this subsidy scheme, and agree to provide the required information, records and medical reports for processing, evaluating and approving subsidy applications, and for statistical/reporting purposes.	
11. Heartwarming Initiative Charitable Foundation reserve the right to amend, suspend, revoke, or discontinue the Scheme or any individual application at their discretion.	
12. The intervention will operate at Canossa Hospital, 1 Old Peak Road, HK.	
Signature of Applicant:	Date of Application :

Part B :

Please attach the following documents:
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1	Completed and signed application form	2	Hong Kong Identity Card (copy)
3	Hospital Authority documents: Hospital Authority PCI Referral Letter/ PCI Appointment Slip/ Others (copy)		

Submission method:	
1. WhatsApp 傳送 (68427908) 2. Email 電郵 (info@hwi.org.hk) 3. 郵寄到本中心 (香港九龍長沙灣道650號中國船舶大廈22樓2201室) 4. 親身到本中心遞交 (香港九龍長沙灣道650號中國船舶大廈22樓2201室)	
How did you get to know about the scheme:	
<input type="checkbox"/> Website of Heartwarming Initiative Charitable Foundation <input type="checkbox"/> Information from relatives / friends <input type="checkbox"/> Community Centres <input type="checkbox"/> Other: _____ (Please specify)	