

# 醫療索償數據知多少？

2012年醫療索償數據調查

Medical Claims Statistics 2012

買足保險，你話幾好呢！



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書中所載數據由專業顧問收集及分析，香港保險業聯會（保聯）於編纂過程中已竭盡所能，確保資料準確無誤，惟保聯或顧問未能保證有關內容準確無誤，亦概不負責因內容謬誤或遺漏而導致的任何虧損或損失。

## 1. 提綱

書中刊載 2012 年 1 月至 12 月期間團體及個人醫療保單的索償數據，由本港 19 家具規模之醫療承保商提供。

在團體醫療保單方面，提供數據的醫療承保商佔 2012 年團體醫療保險整體保費收入的 78%。而為了數據的準確性，其中一家市場佔有率大概為 8% 的保險公司所遞交之數據未被採納。

個人醫療保單方面，有關醫療承保商則佔 2012 年個人醫療保險整體保費收入的 44%。其中一家市場佔有率大概為 17% 的保險公司，更是首次參與是項調查。

書中包括以下分析：

- 團體醫療保單及個人醫療保單的私家醫療開支總覽
- 手術費用的調查

## 2. 團體醫療保單調查結果

### 2.1 調查結果摘要

#### 私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2012 年					
住院	2,256,039	46%	141,633	2%	15,929
門診	2,639,807	54%	7,841,605	98%	337
總數	4,895,846	100%	7,983,238	100%	613
2011 年					
住院	2,191,004	46%	149,868	2%	14,620
門診	2,544,030	54%	8,061,902	98%	316
總數	4,735,034	100%	8,211,770	100%	577

備註：(1) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

(2) 額外醫療保障紀錄及資料不詳之首次索償均被剔除在分析之外。

表 2.1 的數據顯示在 2012 年的總賬面醫療收費中，住院服務佔 46%，而門診服務佔 54%，但是住院個案的數目僅佔所有個案的 2%。

#### 每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 2.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2012 年			
頭等房	20,000	32,645	1,855
二等房	13,600	22,709	4,822
三等房	9,000	14,701	29,673
診所小手術	1,600	3,377	64,110
2011 年			
頭等房	23,000	38,130	1,542
二等房	13,750	21,536	5,039
三等房	8,500	14,012	29,924
診所小手術	1,500	3,142	73,495

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

### 2.2 分析

#### 2.2.1 住院個案

##### (i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

(ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案在 2011 年與 2012 年的平均賬面金額、實付金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準 (即 100%) 顯示, 舉例說: 頭等房之賬面金額相對比率為 211%, 即入住頭等房之病人須付出之平均賬面金額是三等房病人的 211%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2012 年					
頭等房	66,034	211%	35,760	158%	54%
二等房	40,516	129%	29,713	131%	73%
三等房	31,305	100%	22,683	100%	72%
診所小手術	4,226	13%	3,518	16%	83%
2011 年					
頭等房	59,575	206%	38,034	176%	64%
二等房	37,982	131%	28,340	131%	75%
三等房	28,969	100%	21,621	100%	75%
診所小手術	4,519	16%	3,537	16%	78%

備註: (1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係, 以上數字可能與實際數目有出入。

圖 2.1

2011年及2012年團體保單每宗個案之平均賬面金額及實付金額(港元)

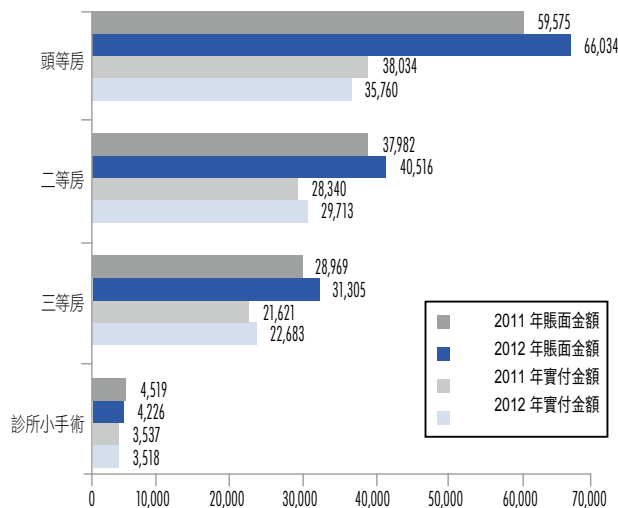
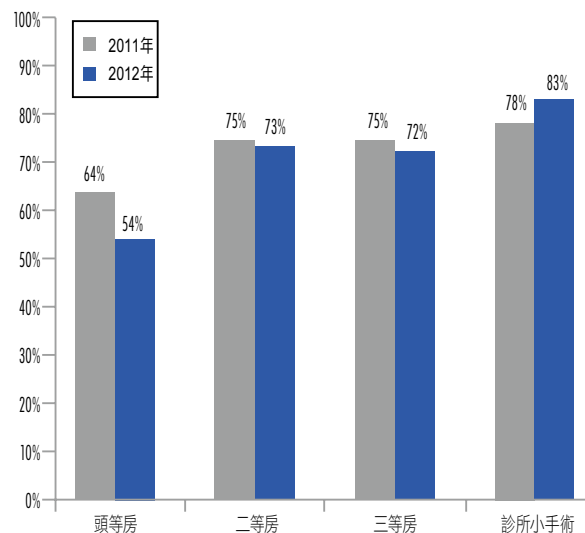


圖 2.2

2011年及2012年團體保單償付百分率



### (iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 2.4。同時，表 2.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2012 年						
頭等房	60,556	1,855	32,645	20,000	12,000	33,999
二等房	109,504	4,822	22,709	13,600	8,500	22,500
三等房	436,234	29,673	14,701	9,000	6,000	15,000
診所小手術	216,474	64,110	3,377	1,600	914	3,030
2011 年						
頭等房	58,797	1,542	38,130	23,000	14,252	40,000
二等房	108,519	5,039	21,536	13,750	8,000	23,000
三等房	419,301	29,924	14,012	8,500	6,000	14,600
診所小手術	230,924	73,495	3,142	1,500	850	3,000

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。  
(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2012 年	
頭等房	3.4
二等房	2.9
三等房	2.7
診所小手術	0.2
2011 年	
頭等房	2.9
二等房	2.8
三等房	2.5
診所小手術	0.1

### (iv) 第 70 百分位數的賬面住院醫療收費水平

表 2.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 2.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2012 年			
每日住院及膳食費用	3,900	1,374	714
手術費	33,999	22,500	15,000
每日醫生巡房費	2,800	1,733	1,000
麻醉師費用	12,990	9,000	6,000
手術室費用	12,816	8,922	5,642
住院費用	21,578	16,353	12,088
專科醫生費用	6,000	3,500	2,560
2011 年			
每日住院及膳食費用	3,346	1,379	723
手術費	40,000	23,000	14,600
每日醫生巡房費	3,125	1,750	1,000
麻醉師費用	15,000	9,000	6,000
手術室費用	13,814	8,318	5,300
住院費用	21,879	14,786	11,481
專科醫生費用	6,370	3,000	2,400

### (v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2011 年及 2012 年的平均使用率見表 2.7。

治療年度	診所小手術	住院
2012 年	5.5%	4.8%
2011 年	5.6%	4.7%

備註：(1) 2012 年使用率 = 2012 年的治療數目 / 2012 年保單之滿期受保人數。  
(2) 由於參與調查的會員公司數目改變，所以 2011 年的使用率跟往年所顯示的不同。

## (vi) 2014 年 7 月至 2015 年 6 月

### 住院醫療服務趨勢預測 (2014/2015)

診所小手術和住院項目的預計使用率及平均索償金額見表 2.8。由於潛在的通貨膨脹壓力，預計平均索償金額的增幅會較使用率為顯著。

項目	診所小手術	住院
預計使用率	5.5%	4.9%
預計平均索償金額 (港元)	4,476	33,057

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

## 2.2.2 門診個案

### (i) 以診症分類

門診個案可細分為以下七個類別：

- 中醫師費用
- 普通科醫生費用
- 專科醫生費用
- 物理治療師費用
- 脊醫費用
- X光/化驗室費用
- 牙醫費用

### (ii) 每宗個案平均費用

表 2.9 和圖 2.3 顯示每宗門診個案之平均賬面金額及實付金額，索償百分比見圖 2.4。各種醫療服務的賬面金額和實付金額在 2012 年，均較 2011 年的為高。

治療項目	2012 年		2011 年		11-12 年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	324	126%	304	125%	6.5%
普通科醫生	256	100%	242	100%	5.8%
專科醫生	627	245%	573	237%	9.4%
物理治療師	418	163%	363	150%	15.1%
脊醫	663	259%	622	257%	6.7%
X光/化驗室	811	317%	721	298%	12.5%
牙醫	803	314%	766	317%	4.9%
門診總數	337	N/A	316	N/A	N/A

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

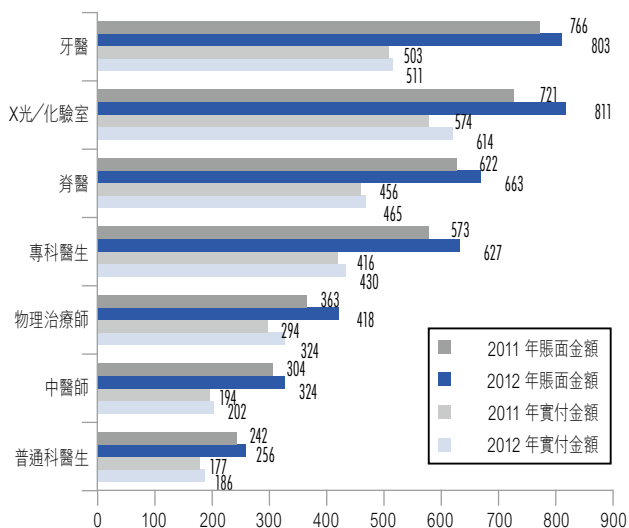
治療項目	2012 年		2011 年		11-12 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫師	202	108%	194	110%	4.1%
普通科醫生	186	100%	177	100%	5.3%
專科醫生	430	231%	416	235%	3.5%
物理治療師	324	174%	294	166%	10.2%
脊醫	465	250%	456	258%	2.0%
X光/化驗室	614	330%	574	324%	7.1%
牙醫	511	275%	503	285%	1.5%
門診總數	236	N/A	227	N/A	N/A

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.3

2011年及2012年團體保單每宗個案平均賬面和實付金額（港元）

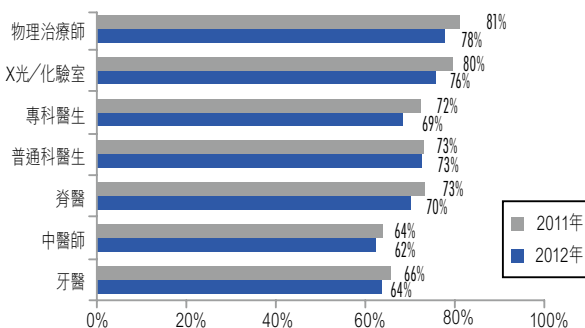


從圖 2.3 可見，在所有門診個案中，X光/化驗室費用的平均賬面金額及平均實付金額最高，普通科醫生費用則最低。

在償付百分率方面，2012 年的普通科醫生的償付百分率與 2011 年相若，為 73%；物理治療師費用的償付百分率最高，為 78%，而中醫師的償付百分率則最低，只有 62%（見圖2.4）。

圖2.4

2011年及2012年團體保單償付百分率



## (iii) 第 70 百分位數之賬面門診醫療收費水平

第 70 百分位數之賬面醫療收費水平指，投保金額若達致此水平，預計有七成機會足以支付實際的門診醫療費用；七類門診醫療費用的 70 百分位數的水平見表 2.10。

表 2.10 團體保單第 70 百分位數之賬面醫療收費水平（港元）

醫療收費類別	2012 年	2011 年
中醫師	320	300
普通科醫生	250	230
專科醫生	650	600
物理治療師	450	380
脊醫	650	600
X光/化驗室	780	680
牙醫	610	600

## (iv) 門診醫療服務使用率

在 2012 年及 2011 年，按服務類型分類的門診醫療服務使用率，詳見表 2.11。除脊醫費用外，2012 年各類門診服務的使用率均比 2011 年的為低。

表 2.11 團體保單門診醫療服務平均使用率

醫療服務類別	2012 年	2011 年
中醫師	108.7%	112.8%
普通科醫生	467.5%	475.5%
專科醫生	46.3%	47.8%
物理治療師	18.8%	20.5%
脊醫	2.3%	2.2%
X光/化驗室	24.0%	27.9%
牙醫	52.9%	55.6%

備註：(1) 2012年的使用率 = 2012年的治療數目/2012年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以2011年的使用率跟往年所顯示的不同。



## (v) 2014 年 7 月至 2015 年 6 月

### 門診醫療服務之趨勢預測 (2014/15)

根據 2011 及 2012 年之數據，預計 2014/2015 年門診醫療服務的使用率及平均索償金額將會上升。2014/2015 年的預測數字見表 2.12。

門診保障	預測使用率 (%)	預測平均索償金額 (港元)
中醫師	111.4%	381
普通科醫生	470.8%	274
專科醫生	47.5%	689
物理治療師	18.9%	455
脊醫	2.3%	781
X 光 / 化驗室	25.0%	813
牙醫	54.4%	845

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

## 3. 個人醫療保單調查結果

### 3.1 調查結果摘要

#### 私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2012 年					
住院	3,512,215	99%	142,628	70%	24,625
門診	42,294	1%	61,867	30%	684
總數	3,554,509	100%	204,495	100%	17,382
2011 年					
住院	1,746,724	98%	73,445	56%	23,783
門診	37,422	2%	58,178	44%	643
總數	1,784,146	100%	131,623	100%	13,555

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

表 3.1 的數據顯示在 2012 年的總賬面醫療收費中，住院服務佔 99%，而門診服務僅佔 1%，這符合市場慣例，個別成員通常只購買住院保障。住院個案的數目佔所有個案的 70%。

#### 每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 3.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2012 年			
頭等房	20,000	33,880	1,859
二等房	10,000	16,350	9,324
三等房	9,000	13,088	59,236
診所小手術	3,800	6,279	14,047
2011 年			
頭等房	20,000	40,281	787
二等房	11,700	19,198	3,393
三等房	8,500	13,245	31,905
診所小手術	3,400	5,338	9,350

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

### 3.2 分析

#### 3.2.1 住院個案

##### (i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

## (ii) 每宗個案之平均費用

表 3.3 及圖 3.1 詳列各級住院個案在 2011 年與 2012 年的平均賬面金額、實付金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準 (即 100%) 顯示, 舉例說: 頭等房之賬面金額相對比率為 218%, 即入住頭等房之病人須付出之平均賬面金額是三等房病人的 218%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2012 年					
頭等房	70,500	249%	53,053	218%	75%
二等房	32,605	115%	26,976	111%	83%
三等房	28,332	100%	24,368	100%	86%
診所小手術	7,916	28%	6,523	27%	82%
2011 年					
頭等房	79,382	285%	57,109	240%	72%
二等房	36,227	130%	28,579	120%	79%
三等房	27,877	100%	23,765	100%	85%
診所小手術	6,977	25%	6,274	26%	90%

備註: (1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係, 以上數字可能與實際數目有出入。

圖 3.1

2011年及2012年個人保單每宗個案之平均賬面金額及實付金額(港元)

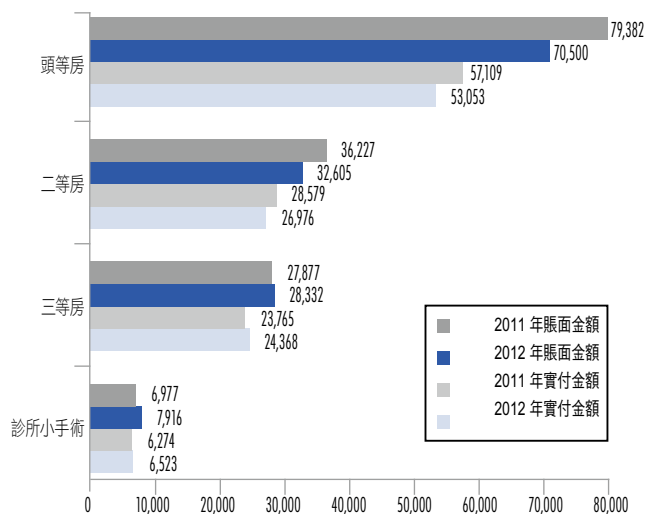
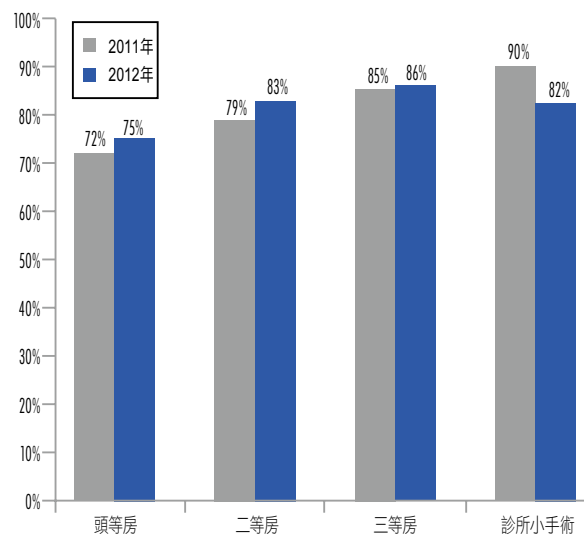


圖 3.2

2011年及2012年個人保單償付百分率



### (iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 3.4。同時，表 3.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2012 年						
頭等房	62,983	1,859	33,880	20,000	12,128	31,008
二等房	152,444	9,324	16,350	10,000	7,000	16,000
三等房	775,261	59,236	13,088	9,000	6,000	13,000
診所小手術	88,201	14,047	6,279	3,800	2,000	6,000
2011 年						
頭等房	31,701	787	40,281	20,000	12,000	35,000
二等房	65,140	3,393	19,198	11,700	7,400	18,470
三等房	422,573	31,905	13,245	8,500	6,000	13,400
診所小手術	49,908	9,350	5,338	3,400	1,900	5,550

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2012 年	
頭等房	3.0
二等房	2.8
三等房	2.4
診所小手術	0.0
2011 年	
頭等房	3.8
二等房	3.2
三等房	2.8
診所小手術	0.4

### (iv) 第 70 百分位數的賬面住院醫療收費水平

表 3.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 3.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2012 年			
每日住院及膳食費用	3,108	1,107	724
手術費	31,008	16,000	13,000
每日醫生巡房費	3,486	1,500	1,050
麻醉師費用	12,000	6,300	5,000
手術室費用	12,600	6,929	5,463
住院費用	24,233	14,330	11,690
專科醫生費用	6,832	3,000	2,500
2011 年			
每日住院及膳食費用	2,990	1,190	691
手術費	35,000	18,470	13,400
每日醫生巡房費	3,200	1,500	817
麻醉師費用	14,050	7,500	5,600
手術室費用	11,809	6,438	4,758
住院費用	23,378	14,696	11,438
專科醫生費用	6,638	3,000	2,500

### (v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2011 年及 2012 年的平均使用率見表 3.7。

治療年度	診所小手術	住院
2012 年	1.9%	8.7%
2011 年	1.5%	8.8%

備註：(1) 2012 年使用率 = 2012 年的治療數目 / 2012 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2011 年的使用率跟往年所顯示的不同。

(vi) 2014 年 7 月至 2015 年 6 月

住院醫療服務趨勢預測 (2014/2015)

診所小手術和住院項目的預計使用率及平均索償金額見表 3.8。由於潛在的通貨膨脹壓力，預計平均索償金額的增幅會較使用率為顯著。

項目	診所小手術	住院
預計使用率	1.8%	8.9%
預計平均索償金額 (港元)	8,553	30,280

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

### 3.2.2 門診個案

由於門診個案數據量有限，遂未能就有關服務作進一步分析。

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The statistics in this booklet have been collected and compiled by a professional consultant. While every effort has been made to ensure the accuracy of the information contained, neither the Hong Kong Federation of Insurers nor the consultant guarantees its accuracy or accept any liability for any loss or damage arising from any inaccuracies or omissions.

## 1. EXECUTIVE SUMMARY

This booklet contains the compilation of the group and individual medical claims statistics for the period from Jan to Dec 2012 provided by 19 of the largest medical underwriters in Hong Kong.

For group policies, the data utilized in this year survey represented about 78% of the group medical insurance market written premium in 2012. Please note that data from one of the member companies, which contributed about 8% of market share, has been excluded from this year's survey due to data accuracy.

For individual policies, the data utilized represented about 44% of the individual medical insurance market written premium in 2012. One additional member company, with individual medical insurance market share about 17%, participated in this year's survey.

This booklet includes analysis of:

- Overview of private medical expenses of group and individual insurance policies
- Survey of Surgeons' Fees

## 2. RESULTS OF SURVEY – GROUP POLICIES

### 2.1 Summary of Findings

#### Overview of Private Medical Expenses

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
<b>2012</b>					
In-Patient	2,256,039	46%	141,633	2%	15,929
Out-Patient	2,639,807	54%	7,841,605	98%	337
<b>Total</b>	<b>4,895,846</b>	<b>100%</b>	<b>7,983,238</b>	<b>100%</b>	<b>613</b>
<b>2011</b>					
In-Patient	2,191,004	46%	149,868	2%	14,620
Out-Patient	2,544,030	54%	8,061,902	98%	316
<b>Total</b>	<b>4,735,034</b>	<b>100%</b>	<b>8,211,770</b>	<b>100%</b>	<b>577</b>

Note: (1) Figures may not be additive due to rounding.

(2) Supplementary Major Medical ("SMM") records with unknown primary claims were excluded from the analysis.

The figures in Table 2.1 indicate that 46% of the total cost was attributed to in-patient services and the remaining 54% for out-patient services in 2012. However, in-patient treatments accounted for only 2% of the cases.

#### Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2000 surgical procedures. Table 2.2 summarizes the billed amount of Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

**TABLE 2.2**  
Summary of Surgeons' Fees – Group Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
<b>2012</b>			
Private	20,000	32,645	1,855
Semi-Private	13,600	22,709	4,822
Ward	9,000	14,701	29,673
Day Case	1,600	3,377	64,110
<b>2011</b>			
Private	23,000	38,130	1,542
Semi-Private	13,750	21,536	5,039
Ward	8,500	14,012	29,924
Day Case	1,500	3,142	73,495

Note: The above analysis excludes those cases with zero billed surgeons' fee.

### 2.2 Analysis

#### 2.2.1 In-Patient Cases

##### (i) Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Cost
- Physicians' Fees
- Specialist's Fees

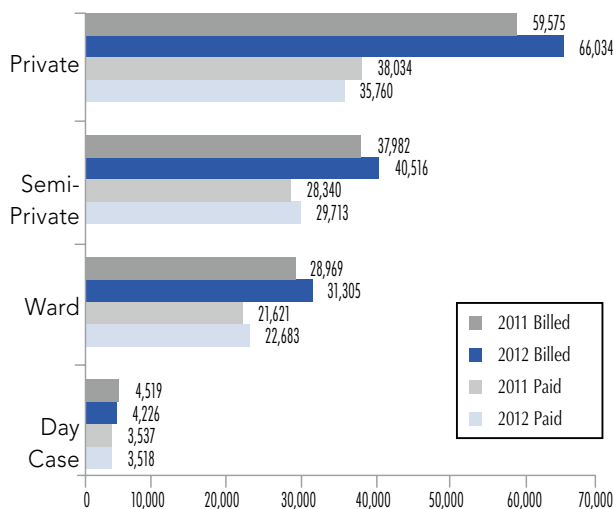
**(ii) Average Cost per Case**

The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 211% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 211% of that of a Ward case.

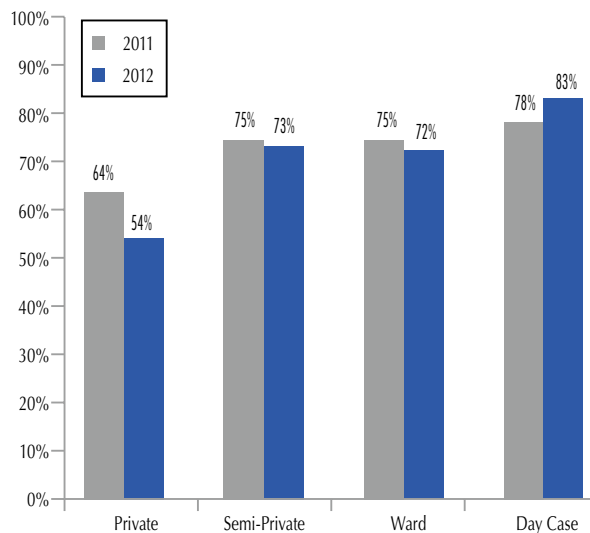
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2012</b>					
Private	66,034	211%	35,760	158%	54%
Semi-Private	40,516	129%	29,713	131%	73%
Ward	31,305	100%	22,683	100%	72%
Day Case	4,226	13%	3,518	16%	83%
<b>2011</b>					
Private	59,575	206%	38,034	176%	64%
Semi-Private	37,982	131%	28,340	131%	75%
Ward	28,969	100%	21,621	100%	75%
Day Case	4,519	16%	3,537	16%	78%

Note: (1) Relativity – Ward = 100%.  
(2) Figures may not be additive due to rounding.

**GRAPH 2.1**  
Average Billed and Paid Amounts per Case (HK\$) in 2011 and 2012 – Group Policies



**GRAPH 2.2**  
Reimbursement Ratios in 2011 and 2012 – Group Policies



### (iii) Survey of Surgeons' Fees

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being private medical fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 2.4. We also displayed the Average Number of Days of Hospital Confinements for different accommodations in Table 2.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
<b>2012</b>						
Private	60,556	1,855	32,645	20,000	12,000	33,999
Semi-Private	109,504	4,822	22,709	13,600	8,500	22,500
Ward	436,234	29,673	14,701	9,000	6,000	15,000
Day Case	216,474	64,110	3,377	1,600	914	3,030
<b>2011</b>						
Private	58,797	1,542	38,130	23,000	14,252	40,000
Semi-Private	108,519	5,039	21,536	13,750	8,000	23,000
Ward	419,301	29,924	14,012	8,500	6,000	14,600
Day Case	230,924	73,495	3,142	1,500	850	3,000

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2012</b>	
Private	3.4
Semi-Private	2.9
Ward	2.7
Day Case	0.2
<b>2011</b>	
Private	2.9
Semi-Private	2.8
Ward	2.5
Day Case	0.1

### (iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 2.6. It is expected that the billed amounts displayed in Table 2.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
<b>2012</b>			
Room & Board Cost Per Day	3,900	1,374	714
Surgeons' Fees	33,999	22,500	15,000
Physicians' Fees Per Day	2,800	1,733	1,000
Anesthetists' Fees	12,990	9,000	6,000
Operating Theatre Expenses	12,816	8,922	5,642
Hospital Expenses	21,578	16,353	12,088
Specialists' Fees	6,000	3,500	2,560
<b>2011</b>			
Room & Board Cost Per Day	3,346	1,379	723
Surgeons' Fees	40,000	23,000	14,600
Physicians' Fees Per Day	3,125	1,750	1,000
Anesthetists' Fees	15,000	9,000	6,000
Operating Theatre Expenses	13,814	8,318	5,300
Hospital Expenses	21,879	14,786	11,481
Specialists' Fees	6,370	3,000	2,400

### (v) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements in 2011 and 2012 are summarised in Table 2.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2012	5.5%	4.8%
2011	5.6%	4.7%

Note: (1) Utilization for 2012 = No. of treatment in 2012 / No. of insured earned in 2012.

(2) The Utilization Rates in 2011 are different from the last survey due to changes in participating member companies.



**(vi) Forecasting of In-Patient Medical Services between July 2014 and June 2015 (2014/15)**

The projected in-patient utilization rate and average claim size for day case and hospital confinement are summarized in Table 2.8. The average claim size increased more significantly than utilization rate because of underlying inflationary pressure.

Item	Day Case	Hospital Confinements
Forecasted Utilization Rate	5.5%	4.9%
Forecasted Average Claim Size (HK\$)	4,476	33,057

Note: Figures may not be additive due to rounding.

**2.2.2 Out-Patient Cases**

**(i) Distribution by Type of Service**

The out-patient cases are separated into the following seven categories of treatment:

- Chinese Medical Practitioners' Fees
- General Practitioners' Fees
- Specialists' Fees
- Physiotherapists' Fees
- Chiropractors' Fees
- X-ray/Laboratory Expenses
- Dentists' Fees

**(ii) Average Cost per Case**

The average billed and paid amounts per case are summarised in Table 2.9 and Graph 2.3. The reimbursement percentages are displayed in Graph 2.4. The average billed and paid amounts for all types of treatments increased from 2011 to 2012.

Treatment	2012		2011		11-12 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	324	126%	304	125%	6.5%
General Practitioners	256	100%	242	100%	5.8%
Specialists	627	245%	573	237%	9.4%
Physiotherapists	418	163%	363	150%	15.1%
Chiropractors	663	259%	622	257%	6.7%
X-ray/Laboratory	811	317%	721	298%	12.5%
Dentists	803	314%	766	317%	4.9%
Out-Patient Total	337	N/A	316	N/A	N/A

Note: (1) Relativity of General Practitioner = 100%.

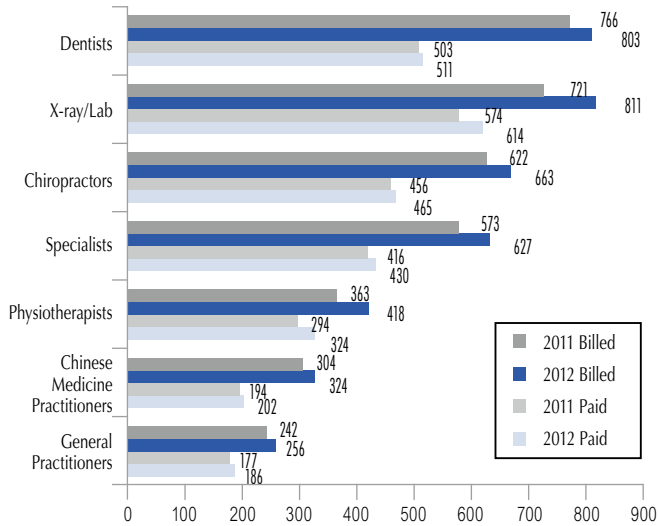
(2) Figures may not be additive due to rounding.

Treatment	2012		2011		Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	202	108%	194	110%	4.1%
General Practitioners	186	100%	177	100%	5.3%
Specialists	430	231%	416	235%	3.5%
Physiotherapists	324	174%	294	166%	10.2%
Chiropractors	465	250%	456	258%	2.0%
X-ray/Laboratory	614	330%	574	324%	7.1%
Dentists	511	275%	503	285%	1.5%
Out-Patient Total	236	N/A	227	N/A	N/A

Note: (1) Relativity of General Practitioner = 100%.

(2) Figures may not be additive due to rounding.

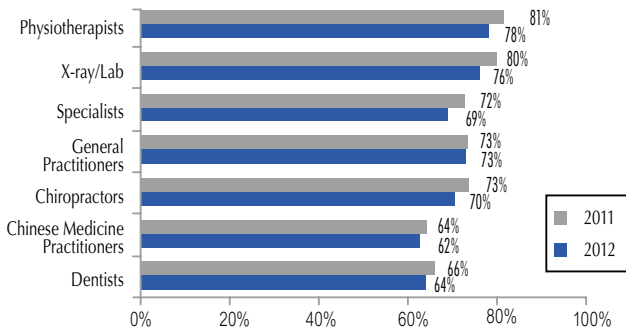
**GRAPH 2.3**  
Average Billed and Paid Amounts per Case (HK\$) in 2011 and 2012 – Group Policies



The average billed and paid amount of X-ray/Laboratory Fees is the highest, and of the General Practitioners' Fees the lowest among all out-patient cases.

The reimbursement ratio of general practitioners in 2012 is similar to 2011 at approximately 73%. The physiotherapists receive the highest reimbursement ratio of 78%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 62% in 2012 (Graph 2.4).

**GRAPH 2.4**  
Reimbursement Ratios in 2011 and 2012 – Group Policies



**(iii) Seventieth Percentile Level of Billed Medical Fees**

The seventieth percentile of billed medical fees represents the amount, which is expected to be sufficient to cover the actual billed cost of medical treatment for 70% of all out-patient claims. The seventieth percentile level of medical fees for each of the seven categories is summarized in Table 2.10.

**TABLE 2.10**  
Seventieth Percentile of Out-Patient Billed Medical Fees (HK\$) – Group Policies

Category of Medical Fees	2012	2011
Chinese Medicine Practitioners' Fees	320	300
General Practitioners' Fees	250	230
Specialists' Fees	650	600
Physiotherapists' Fees	450	380
Chiropractors' Fees	650	600
X-ray/Laboratory Expenses	780	680
Dentists' Fees	610	600

**(iv) Utilization Rates of Out-Patient Medical Services**

The utilization rates of out-patient medical services by service category in 2012 and 2011 are summarised in Table 2.11. Except for Chiropractor's, the utilization rates of all out-patient service are generally lower in 2012 than 2011.

**TABLE 2.11**  
Average Utilization Rates of Out-Patient Medical Services – Group Policies

	2012	2011
Chinese Medicine Practitioners	108.7%	112.8%
General Practitioners	467.5%	475.5%
Specialists	46.3%	47.8%
Physiotherapists	18.8%	20.5%
Chiropractors	2.3%	2.2%
X-ray/Laboratory	24.0%	27.9%
Dental	52.9%	55.6%

Note: (1) Utilization for 2012 = No. of treatment in 2012 / No. of insured earned in 2012.  
(2) The Utilization Rates in 2011 are different from the last survey due to changes in participating member companies.

**(v) Forecasting of Out-Patient Medical Services in between July 2014 and June 2015 (14/15)**

Based on the data from 2011 and 2012, it is expected that both the utilization rate and the average claim size of out-patient services will increase. The forecasted results for the year 2014/15 are summarised in Table 2.12.

Out-Patient Coverage	Forecasted Utilization Rate (%)	Forecasted Average Claim Size (HK\$)
Chinese Medicine Practitioners	111.4%	381
General Practitioners	470.8%	274
Specialists	47.5%	689
Physiotherapists	18.9%	455
Chiropractors	2.3%	781
X-ray/Laboratory	25.0%	813
Dental	54.4%	845

Note: Figures may not be additive due to rounding.

### 3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

#### 3.1 Summary of Findings

##### Overview of Private Medical Expenses

Description	Total Billed		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
<b>2012</b>					
In-Patient	3,512,215	99%	142,628	70%	24,625
Out-Patient	42,294	1%	61,867	30%	684
<b>Total</b>	<b>3,554,509</b>	<b>100%</b>	<b>204,495</b>	<b>100%</b>	<b>17,382</b>
<b>2011</b>					
In-Patient	1,746,724	98%	73,445	56%	23,783
Out-Patient	37,422	2%	58,178	44%	643
<b>Total</b>	<b>1,784,146</b>	<b>100%</b>	<b>131,623</b>	<b>100%</b>	<b>13,555</b>

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 99% of the total medical cost was for in-patient services and the remaining 1% for out-patient services in 2012. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 70% of the number of cases.

##### Survey of Surgeons' Fees per Case

Table 3.2 summarizes the billed amount of Surgeon's Fees, which were categorized into more than 2000 surgical procedures. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
<b>2012</b>			
Private	20,000	33,880	1,859
Semi-Private	10,000	16,350	9,324
Ward	9,000	13,088	59,236
Day Case	3,800	6,279	14,047
<b>2011</b>			
Private	20,000	40,281	787
Semi-Private	11,700	19,198	3,393
Ward	8,500	13,245	31,905
Day Case	3,400	5,338	9,350

Note: The above analysis excludes those cases with zero billed surgeons' fee.

#### 3.2 Analysis

##### 3.2.1 In-Patient Cases

###### (i) Distribution by Type of Service

Same as for group policies, the cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Cost
- Physicians' Fees
- Specialist's Fees

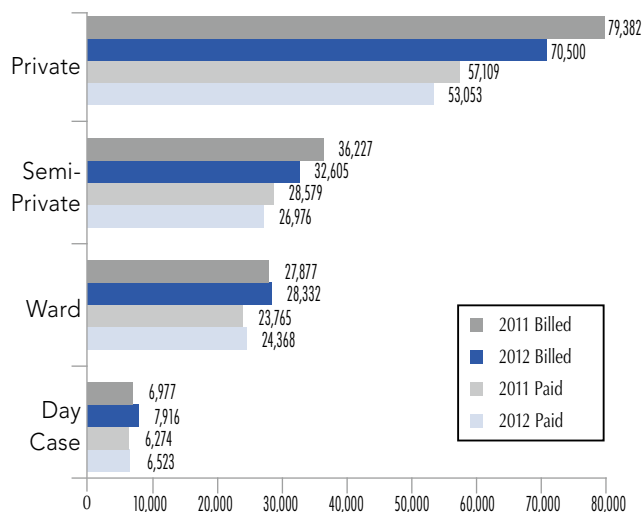
**(ii) Average Cost per Case**

The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 3.3 and Graph 3.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 218% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 218% of that of a Ward case.

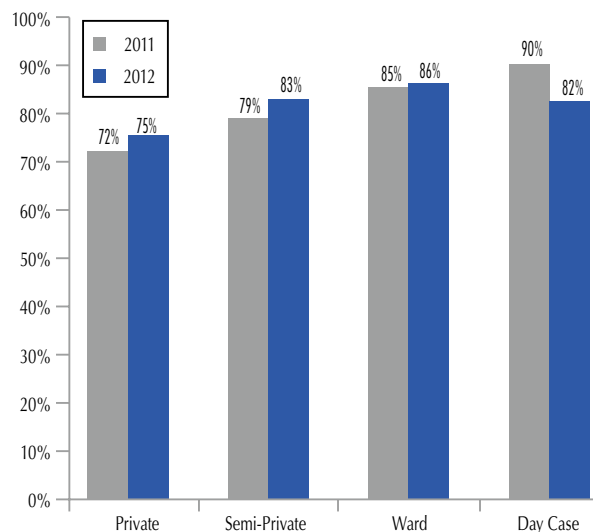
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2012</b>					
Private	70,500	249%	53,053	218%	75%
Semi-Private	32,605	115%	26,976	111%	83%
Ward	28,332	100%	24,368	100%	86%
Day Case	7,916	28%	6,523	27%	82%
<b>2011</b>					
Private	79,382	285%	57,109	240%	72%
Semi-Private	36,227	130%	28,579	120%	79%
Ward	27,877	100%	23,765	100%	85%
Day Case	6,977	25%	6,274	26%	90%

Note: (1) Relativity – Ward = 100%.  
 (2) Figures may not be additive due to rounding.

**GRAPH 3.1  
Average Billed and Paid Amounts per Case (HK\$) in 2011 and 2012 – Individual Policies**



**GRAPH 3.2  
Reimbursement Ratios in 2011 and 2012 – Individual Policies**



**(iii) Survey of Surgeons' Fees**

Same as for group policies, a total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. The results are summarized in Table 3.4. We also displayed the Average Number of Days of Hospital Confinement for different accommodations in Table 3.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
<b>2012</b>						
Private	62,983	1,859	33,880	20,000	12,128	31,008
Semi-Private	152,444	9,324	16,350	10,000	7,000	16,000
Ward	775,261	59,236	13,088	9,000	6,000	13,000
Day Case	88,201	14,047	6,279	3,800	2,000	6,000
<b>2011</b>						
Private	31,701	787	40,281	20,000	12,000	35,000
Semi-Private	65,140	3,393	19,198	11,700	7,400	18,470
Ward	422,573	31,905	13,245	8,500	6,000	13,400
Day Case	49,908	9,350	5,338	3,400	1,900	5,550

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2012</b>	
Private	3.0
Semi-Private	2.8
Ward	2.4
Day Case	0.0
<b>2011</b>	
Private	3.8
Semi-Private	3.2
Ward	2.8
Day Case	0.4

**(iv) Seventieth Percentile Level of Billed Medical Fees**

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 3.6. It is expected that the billed amounts displayed in Table 3.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
<b>2012</b>			
Room & Board Cost Per Day	3,108	1,107	724
Surgeons' Fees	31,008	16,000	13,000
Physicians' Fees Per Day	3,486	1,500	1,050
Anesthetists' Fees	12,000	6,300	5,000
Operating Theatre Expenses	12,600	6,929	5,463
Hospital Expenses	24,233	14,330	11,690
Specialists' Fees	6,832	3,000	2,500
<b>2011</b>			
Room & Board Cost Per Day	2,990	1,190	691
Surgeons' Fees	35,000	18,470	13,400
Physicians' Fees Per Day	3,200	1,500	817
Anesthetists' Fees	14,050	7,500	5,600
Operating Theatre Expenses	11,809	6,438	4,758
Hospital Expenses	23,378	14,696	11,438
Specialists' Fees	6,638	3,000	2,500

**(v) Utilization Rates of In-Patient Medical Services**

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements in 2011 and 2012 are summarised in Table 3.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2012	1.9%	8.7%
2011	1.5%	8.8%

Note: (1) Utilization for 2012 = No. of treatment in 2012 / No. of insured earned in 2012.

(2) The Utilization Rates in 2011 are different from the last survey due to changes in participating member companies.

***(vi) Forecasting of In-Patient Medical Services between July 2014 to June 2015 (14/15)***

The projected in-patient utilization rate and average claim size for day case and hospital confinement are summarized in Table 3.8. The average claim size increased more significantly than utilization rate because of underlying inflationary pressure.

Item	Day Case	Hospital Confinements
Forecasted Utilization Rate	1.8%	8.9%
Forecasted Average Claim Size (HK\$)	8,553	30,280

*Note: Figures may not be additive due to rounding.*

### ***3.2.2 Out-Patient Cases***

No further analysis will be conducted for out-patient services of individual policies due to limited data volume.

# APPENDIX 附表

## Results by Operation 各類手術費

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
<b>CARDIOVASCULAR SYSTEM 心血管系統</b>					
<b>Bypass Graft 搭橋手術</b>					
Ligation and Other Procedures 結紮及其他程序	93	2.4	51,500	26,608	21,500
<b>DIGESTIVE SYSTEM 消化系統</b>					
<b>Abdomen, Peritoneum, and Omentum 腹、腹膜及網膜</b>					
Introduction, Revision, and/or Removal 導藥法、二度置換及/或割除	150	2.2	21,000	20,000	14,000
<b>Anus 肛門</b>					
Excision 切除	1,144	2.7	20,000	18,000	13,000
Suture 縫線	129	2.2	19,463	16,500	11,275
<b>Appendix 盲腸</b>					
Excision 切除	170	4.3	42,000	24,000	19,000
<b>Biliary Tract 膽道疾病</b>					
Endoscopy 內窺鏡檢法	188	3.2	52,500	34,000	24,780
Excision 切除	199	4.6	48,000	30,000	25,000
<b>Esophagus 食道</b>					
Endoscopy 內窺鏡檢法	5,573	2.0	11,000	8,000	6,000
<b>Intestines (Except Rectum) 腸 (直腸除外)</b>					
Endoscopy, Small Bowel and Stomal 內窺鏡檢法、小腸及胃	93	1.6	22,000	12,000	6,500
Excision 切除	118	9.6	86,000	57,960	52,750
<b>Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖(體)及扁桃腺</b>					
Excision, Destruction 切除、破除	177	2.4	24,310	25,000	13,000
<b>Rectum 直腸</b>					
Endoscopy 內窺鏡檢法	7,115	1.8	13,200	10,000	7,000
<b>Repair 修復</b>					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	204	2.3	43,500	18,000	15,000
<b>ENDOCRINE SYSTEM 分泌系統</b>					
<b>Thyroid Gland 甲狀腺</b>					
Excision 切除	429	3.5	60,000	38,000	28,000
<b>EYE AND OCULAR ADNEXA 眼球及眼副體</b>					
<b>Eyelids 眼皮</b>					
Excision 切除	98	1.3	20,640	7,200	6,000
<b>Lens 晶體</b>					
Removal Cataract 割除白內障	438	1.5	24,000	23,850	16,800
<b>Posterior Segment 後部</b>					
Vitreous 玻璃體手術	104	1.8	53,550	42,000	48,500
<b>Retina or Choroid 視網膜或脈絡膜</b>					
Repair 修復	180	2.1	22,000	23,500	15,000



Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
<b>AUDITORY SYSTEM 聽覺系統</b>					
<b>Inner Ear 內耳</b>					
Temporal Bone, Middle Fossa Approach 顳骨、顳中窩入路手術	777	2.4	23,852	28,000	17,661
<b>FEMALE GENITAL SYSTEM 女性生殖系統</b>					
<b>Cervix Uteri 子宮頸</b>					
Excision 切除	146	1.6	9,000	8,000	7,311
<b>Corpus Uteri 子宮體</b>					
Excision 切除	988	3.9	40,600	32,500	24,000
Repair 修復	433	2.0	33,415	20,000	10,000
<b>Ovary 卵巢</b>					
Excision 切除	207	4.3	45,500	38,250	25,000
<b>Oviduct 輸卵管</b>					
Incision 切割	220	3.1	30,050	25,000	25,000
<b>Vagina 陰道</b>					
Endoscopy 內窺鏡檢法	364	1.5	9,750	11,100	7,000
<b>Vulva, Perineu and Introitus 外陰、會陰及陰道</b>					
Incision 切割	93	1.5	15,000	11,400	5,500
Laparoscopic/Hysteroscopic Procedures 腹腔鏡/子宮鏡手術	1,051	2.6	30,000	26,302	15,000
<b>INTEGUMENTARY SYSTEM 皮膚系統</b>					
<b>Breast 乳房</b>					
Excision 切除	1,154	3.0	21,950	24,000	15,000
<b>Repair (Closure) 修復 (縫合)</b>					
Repair - Simple 修復 - 簡單	177	2.4	15,000	10,100	7,130
<b>Skin, Subcutaneous and Accessory Structures 皮膚、皮下組織及皮膚副體</b>					
Excision - Benign Lesions 切除 - 良性病變	1,216	1.7	12,000	9,000	6,000
Incision and Drainage 切割及排水	196	3.3	10,009	8,000	6,000
<b>MALE GENITAL SYSTEM 男性生殖系統</b>					
<b>Penis 陰莖</b>					
Excision 切除	487	1.7	15,000	10,750	8,000
<b>Prostate 前列腺</b>					
Excision 切除	121	4.1	20,750	12,000	8,000
<b>MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈</b>					
<b>Diaphragm 橫膈</b>					
Repair 修復	319	2.2	15,000	11,950	8,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
<b>MUSCULOSKELETAL SYSTEM 肌肉骨骼系統</b>					
<b>Femur (Thigh Region) and Knee Joint 股骨(股)及膝關節</b>					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	126	5.1	75,371	42,650	38,060
Excision 切除	341	1.9	12,000	9,000	6,200
<b>General 全身</b>					
Introduction or Removal 導藥法或割除	143	2.1	20,000	6,000	6,000
<b>Lower Extremity 下肢</b>					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	505	3.0	46,658	35,300	26,000
<b>NERVOUS SYSTEM 神經系統</b>					
<b>Spine and Spinal Cord 脊椎及脊髓</b>					
Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Disks 後硬膜外椎板切開或椎板切除術探索/神經系元素壓迫症或椎間盤凸出切除	113	5.4	67,100	50,000	36,630
<b>RESPIRATORY SYSTEM 呼吸系統</b>					
<b>Larynx 喉</b>					
Endoscopy 內窺鏡檢法	344	1.9	13,905	7,000	8,000
<b>Nose 鼻</b>					
Endoscopy 內窺鏡檢法	270	2.4	25,540	11,625	9,500
Excision 切除	89	2.4	20,560	20,000	15,000
Repair 修復	165	2.9	38,000	27,000	22,000
<b>Trachea and Bronchi 氣管及支氣管</b>					
Endoscopy 內窺鏡檢法	221	3.7	15,000	8,900	7,000
<b>URINARY SYSTEM 泌尿系統</b>					
<b>Kidney 腎臟</b>					
Endoscopy 內窺鏡檢法	378	2.1	30,000	13,200	12,000
<b>Ureter 尿管</b>					
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道鏡檢法	235	2.1	10,000	7,100	6,000
Repair 修復	372	1.7	9,000	6,700	6,000
<b>Ureter and Pelvis 尿管及股盆</b>					
Introduction 導藥法	113	2.6	12,000	17,200	15,000
<b>Urethra and Bladder 尿道及膀胱</b>					
Transurethral Surgery 經由尿道進行之手術	198	2.2	25,000	22,000	12,000
<b>Vesical Neck and Prostate 膀胱頸及前列腺</b>					
Urodynamics 尿流動力學檢查	96	4.9	48,000	32,000	25,000

Note : Figures for Private are subjected to larger uncertainty due to small volume of data.

備註：由於調查數據量少，頭等房手術費的統計數字或會出現較大的不確定性。







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