

Fee Benchmarks for Doctors' Inpatient Attendance Fees (As of 29 Dec 2020)

The fee range for office hours is for daily fees covering the routine number of visits a doctor may make to see the patient within the day. This includes both the first visit and repeat visits, for the management of the patient on the same day.

Ward Type	Office Hours*
	<i>per day</i>
General Ward	\$200 to \$400
High Dependency Unit	\$250 to \$500
Intensive Care Unit (Lower intensity ICU cases)	\$300 to \$600

*Office hours may vary depending on the doctor's practice, but typically around 9- to 10-hour cycle on a weekday (e.g. 8am to 6pm) and 4- to 5- hour cycle on Saturday (e.g. 8am to 1pm).

The recommended fee benchmarks for inpatient attendance fees should be read in conjunction with the following points:

1. What is an inpatient attendance – **Inpatient attendances cover professional consultations or reviews for a patient who is already hospitalised**, during which the doctor evaluates the patient's health-related issues, formulates a management plan in relation to one or more health-related issues for the patient, provides advice to the patient, including appropriate preventive health care, and records the clinical detail of the service provided to the patient.
2. Reference but not fee cap – The benchmarks serve as a reference of reasonable fee ranges in the private sector and are not a cap that has to be strictly adhered to. Charges that are higher than the benchmarks may not be unreasonable, particularly where a case is unusual in its context or complexity and requires significantly more time or effort. Doctors can charge outside of the fee benchmarks, with valid justification. However, they should inform the patient and the insurer (where applicable) before or during the admission, except when circumstances do not permit him / her to do so.
3. Typical cases – The benchmarks are meant to cover routine cases (that are typical for the specialty). Each benchmark is a range of fees, to cater for some variation in patients' conditions, but they exclude patients whose conditions are of high complexity or very ill.

4. What the fee range covers –

- a. The fee covers the professional consultation only and does not include costs of medications, injections, operations, special procedures, investigations (e.g. radiological and laboratory tests), etc.
- b. Fee ranges are applicable for all doctors, regardless of specialty.

Additional notes on what the ICU fee range covers

- c. The ICU fee benchmark is **applicable only for ICU cases requiring lower intensity of management and monitoring**. This may include patients who require post-surgical monitoring and observation, or with single organ failure and/ or impending or established respiratory failure requiring the use of ventilatory support (invasive/non-invasive) for acute respiratory conditions.
- d. The ICU fee range is **NOT applicable to medium to high intensity ICU cases**. This may include patients with 2 or more acute organ failures, and/ or additional management involving the use of extracorporeal membrane oxygenation, and renal replacement therapy, etc.
- e. The lower end of the ICU fee benchmark would be more relevant if a doctor's effort for the professional attendance is similar to a routine consultation in the general ward.

5. How to use the fee range –

- a. The lower end of the fee benchmark is generally for straightforward professional consultations or reviews which involve short visits, a short patient history and if required, limited examination and management, for example, a routine post-operation review.
- b. The higher end of the fee benchmark is generally for the first consultation and/or cases requiring more complex or extended consultations where more time and expertise are needed for extensive history-taking, clinical examination, arranging any necessary investigation, diagnosis, implementing a treatment or management plan, and advice or discussion with the patient and family.

6. Fee benchmarks for after-office hours services – The fee range for after-office hours and after midnight hours is for **each visit** a doctor may be called back for a review or consultation on top of the day’s routine consultations or visits during office hours.

Ward Type	After-office Hours [^]	
	Before midnight	After midnight
	<i>per visit</i>	
General Ward	\$200 to \$300	\$300 to \$400
High Dependency Unit	\$250 to \$350	\$350 to \$500
Intensive Care Unit (Lower intensity ICU cases)	\$300 to \$450	\$450 to \$600

[^]Usually refers to visits where a doctor is called back on top of the routine consultations or reviews during office hours.

For call-back charges after-office hours, doctors may reasonably factor in the time of the visit, as well as the effort and duration required for the visit. In such cases, doctors are advised to clearly inform patients of their office hours and the additional charges.

7. Goods and Services Tax (GST) – The benchmarks exclude GST.