



Receipt No.....
Date.....at.....hrs.

Form of Declaration

Pursuant to the Notification of the Central Committee on the Price of Goods and Services No. 7, B.E. 2563 (2020)

Regarding Additional Declaration of Price, Prescription of Rules and Conditions for Sale of Medicines, Medical Supplies, Medical Treatment Fees, Medical Service Fees, and Other Service Fees of Infirmaries dated 4 February B.E. 2563 (2020)

Name of Business Operator (Company/Partnership).....Name of Hospital.....Number of Bed.....Registration Number of Juristic Person

Address of Hospital No.....Alley/Lane..... Road.....Sub-district/Sub-area.....District/Area.....Province..... Postal Code.....

Name of Coordinator..... Telephone.....Facsimile.....Email.....

Sale Price as of Month Date.....Month..... B.E.

To Declare Medical Treatment Fees, Medical Service Fees, or Other Service Fees of Infirmaries at the Prices Being Different from Those as Already Declared

Unit:Baht

Code of List	List	Unit of Service	Service Fee	
			Old	New

- Remark**
1. In declaring the information of goods in each item, it is required to fill out only the item which is required to declare under the Notification by dividing the items into medical treatment fees, medical service fees and other service fees of infirmaries
 2. For a column "Unit of Service", it is required to declare the unit which specifies the number of service such as 1 time, 1 hour, 1 day
 3. In the case where there is not enough space to fill out information, the attached page is required.

I certify that the particulars as hereby declared are true in all respects.

Signed.....Person who can sign to bind

(.....) a juristic person

Rank.....

(Affixing of a Juristic Person's Seal)

Date.....Month.....B.E.