

Receipt No .....
Date ..... Time ..... hrs.



## Form of Declaration

Pursuant to the Notification of the Central Committee on the Price of Goods and Services No. 48, B.E. 2566 (2023)

Regarding Declaration of Price, Prescription of Rules and Conditions Associated with Sale of Medicines, Medical Supplies, Medical Treatment Fees, Medical Service Fees, and Other Service Fees of Clinics

Dated 1<sup>st</sup> July B.E. 2566 (2023)

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.....

 Operating Business on Date of Notification Coming into Force Operating Business after Date of Notification Coming into Force To Declare Service Fees in accordance with New List in Account To Declare Sale, Medical Service Fees at the Prices Being Different from Those as Already Declared

Unit:Baht

Code of List	List	Unit of Service	Service Charges	
			Old	New

**Remarks :** 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, additional documents can be attached.

4. In declaring service charges under the new list in the account which have never been declared before, it is required to declare within 30 days as from the date of starting the provision of service.

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

Signed.....Person who can sign to bind a juristic person

(.....)

Rank.....

(a juristic person's seal to be stamped)

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