

AFFIDAVIT

I, [REDACTED], a Translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Liaoning Province Medical Inpatient Fee Bill
3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 17 day of July, 2025

A Notary Public in and for the
Province of Ontario

Department: Gynecology Department 5
(Sports New Town)

Liaoning Province Medical Inpatient Fee Bill

No.: 00000000000000000000
Bill number: 20000000000000000000
Electronic bill number:
Check code:
Billing date: December 2024

Bill code:
Electronic bill code:
Unified social credit code of the payer:
Payer:

Seal: Finances Executive Producer stamp
Liaoning Province
Treasury Executive Producer

Own Expense
Admission number:

Printed by Shenyang Lutong Printing Co., Ltd.

Item name	Amount (yuan)	Item name	Amount (yuan)	Remarks	Item name	Amount (yuan)	Remarks
Bed fee	2100.00	Examination fee	1128.70		Date of Admission: 2024-12-15		
Laboratory fee	3774.00	Treatment fees	1087.75		Date of Discharge: 2024-12-22		
Surgery fee	12566.60	Dressing fee	302.50		Length of Hospital Stay: 7 days		
Medical materials fee	2170.73	Medicine fee	1805.51		Deposit Amount: 25200.00		
Chinese Herbal Medicine fee		Chinese medicine fee	346.42		Supplementary Payment: 179.16		
General fee	5.95				Refund Amount:		
Total (Uppercase): Twenty-five thousand three hundred and seventy-nine yuan and sixteen cents (In lowercase) 25379.16							
Other information	Details of Supplementary Payment:		Details of Refund Amount:		Details of Deposit Amount:		
	MISPOS: 179.16				MISPOS: 5200 WeChat: 20000		

First copy Receipt

Accounts receivable unit (Stamp):
Reviewed by:
Payee: 519994

Seal: Liaoning Province Medical Center (Medical Record)
Inpatient Department of Sports Medicine Campus
Received

Barrister, Solicitor
T
Address: Legatus Way



科室：妇五科（体育新城）

收费票据

票据代码：

电子票据代码：

付款人统一社会信用代码：

付款人：+

自费

住院号：

No

票据号码：

电子票据号码：

校验码：

开票日期：

20

项目名称	金额(元)	备注	项目名称	金额(元)	备注	项目名称	金额(元)	备注
床位费	2100.00		检查费	1128.70		入院日期：	2024-12-15	
化验费	3774.00		治疗费	1087.75		出院日期：	2024-12-22	
手术费	12566.60		护理费	302.50		住院天数：	7	
卫生材料费	2170.73		西药费	55.51		预缴金额：	25200.00	
中草药费			中成药费			补缴金额：	179.16	
一般诊疗费	96.95					退费金额：		

金额合计(大写)

贰万伍仟叁佰柒拾玖元

(小写)

25379.16

补缴金额明细：

MISPOS:179.16

退费金额明细：

预缴金额明细：

MISPOS:100

微信:20000

其他信息

第一联 收据

收款单位(章)：

复核人：

收款人：

510

I certify that this is a true copy
of the original document