

Welcome to Wooridul

Welcome to our hospital! We kindly request that you follow this guide to ensure a smooth and pleasant experience during your visit.

Your well-being and safety are our top priorities. We appreciate your cooperation in following these guidelines as they contribute to the overall well-being of everyone in our hospital. If you have any further questions or require additional assistance, please do not hesitate to ask the information desk. We wish you a pleasant and comfortable experience during your visit to our hospital.

Contact Us





SOS If you need any help during your visit, please contact us at the following number.

ENGLISH: +82-2-513-8452 / +82-2-513-8381 / +82-10-7225-4662

RUSSIAN: +82-2-513-8385 / +82-10-7313-8801

ARABIC: +82-2-513-8450 / +82-10-6703-8801

Guidelines

-  Please prepare your passport or identification card when you enter our hospital. It will be required of you when you submit to reception.
-  In adherence to our hospital's policy and for the safety of all patients, visitors, and staff, we kindly ask that you wear a face covering at all times within the hospital premises.
-  Hand hygiene is crucial in preventing the spread of germs and maintaining a clean environment. Please use the hand sanitizing stations located throughout the hospital regularly.
-  Our dedicated healthcare professionals are committed to providing you with the best care possible. Please follow their instructions and guidance throughout your stay at the hospital.

1 Please fill out the initial symptom questionnaire.

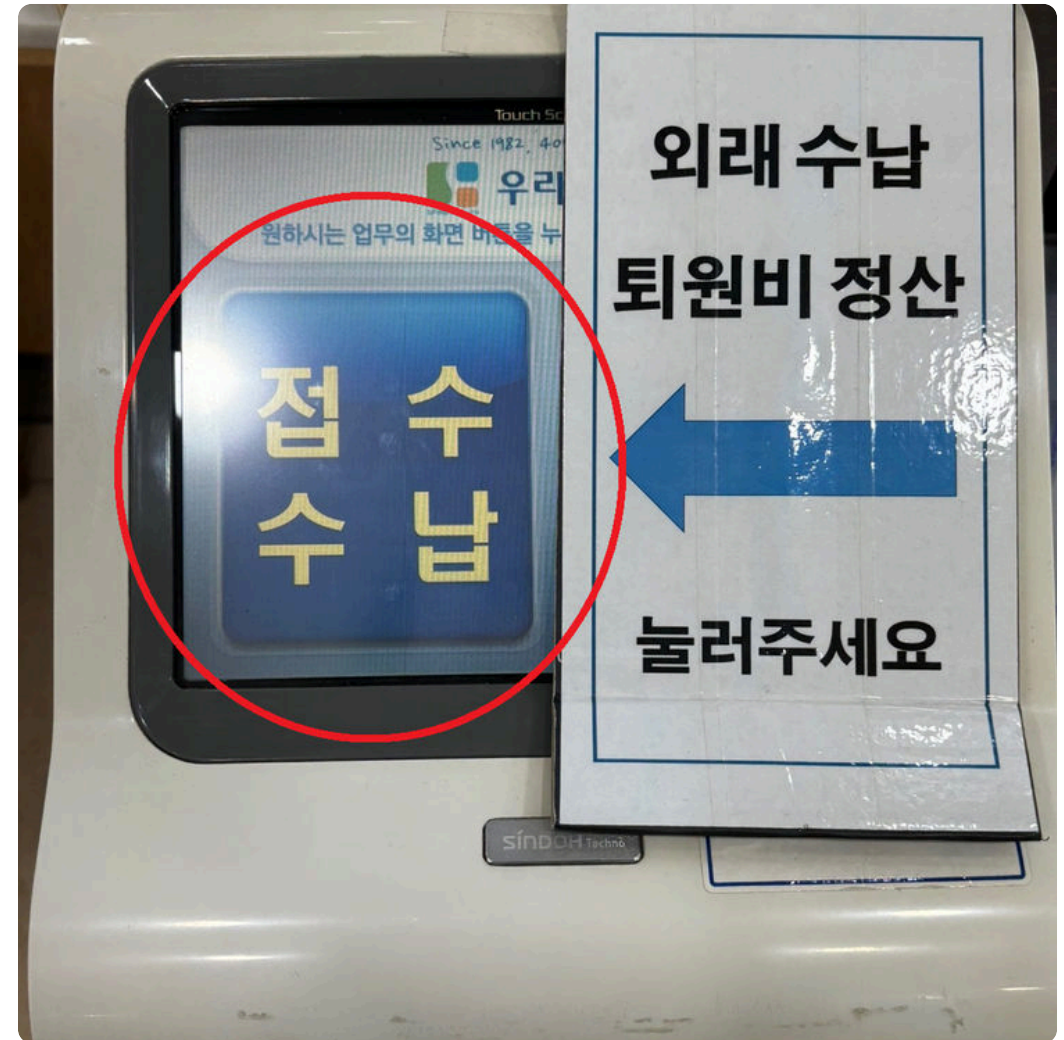
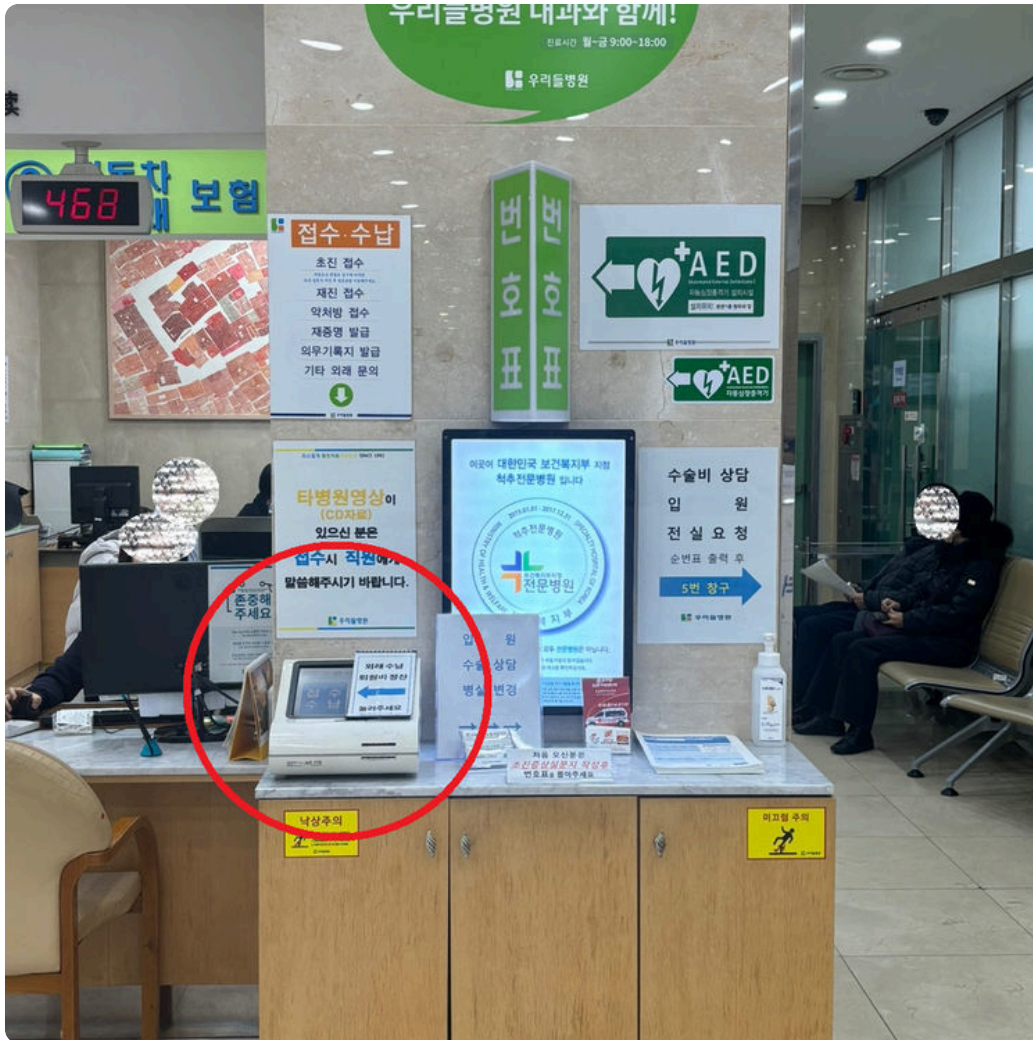


1. Please head to the last column of this table.

2. Please take out a symptom survey form which can be found in the slot underneath the table.

3. Please fill out the symptom survey form. There is an example posted on the table for you to reference.

2 Please get a waiting ticket from the machine and wait for your number to be called.



1. Please head to this machine.

2. Please click this button on the screen. A piece of paper with a number will be printed out. Please take the piece of paper and wait at one of our lobby seats.

3 Once your number is called, please state your name and your appointment time to reception.



Please wait for your number to be called. Your number will show up on one of these screens. Please go to the stand that has your number.

4 Submit the initial symptom questionnaire as well as your passport or identification card.

Symptoms Survey Form (Spine Joint) WOORIDUL

Registration number: _____ Department: _____ Date of first visit: (/ /)

1. How did you find the Wooridul Hospital?
 Family members/Friends/Colleagues Patient Hospital/Doctor Agency Insurance Company Internet Advertisement

2. Please put 'V' on the amount you feel pain. (VAS)

0	1	2	3	4	5	6	7	8	9	10
Normal (No Pain) Worst possible pain										

3. Please put a "V" or "sketch" at uncomfortable or painful area.

Region: Neck Back Shoulder Arms Dorsum
 Palm Fingers Waist Hip Thigh
 Legs Instep Plantar Toe Head
 Hip joint Knee Wrist Ankle

Direction: Left Right Both

Symptom: Tugging Tingling Prickling Numbness
 Paralysis Others()

4. When did the symptoms or pain first arise?
 1week ago 2weeks ago 3weeks ago 1month ago 3months ago 6months ago Not in above ()

5. Have you had conservative treatment before?
 Medicine treatment Injection treatment Physiotherapy Chinese medical treatment Not in above ()
 Name of hospital: _____ Treatment period: _____

6. What kind of diagnostic tests have you done?
 MRI Scan CT Scan Myelography Simple X-ray EKG

7. Have you had surgery before?
 Spine Joint Others (Year, Name of Surgery:)

8. Do you have any other diseases or symptoms?
 High blood pressure Diabetes Liver disease Tuberculosis Dizziness Possibility of pregnancy (Yes / No) Menopause
 Not in above ()

9. What is the main activity to stimulate your symptoms?
 Heavy lifting Fall Exercise Traffic accident Without specific accident

10. Do you have insurance?
 Yes No Type of Insurance [National Health Insurance Private Insurance (Name:)]

* Please complete below form without leaving any blank. This information will be kept confidentially.

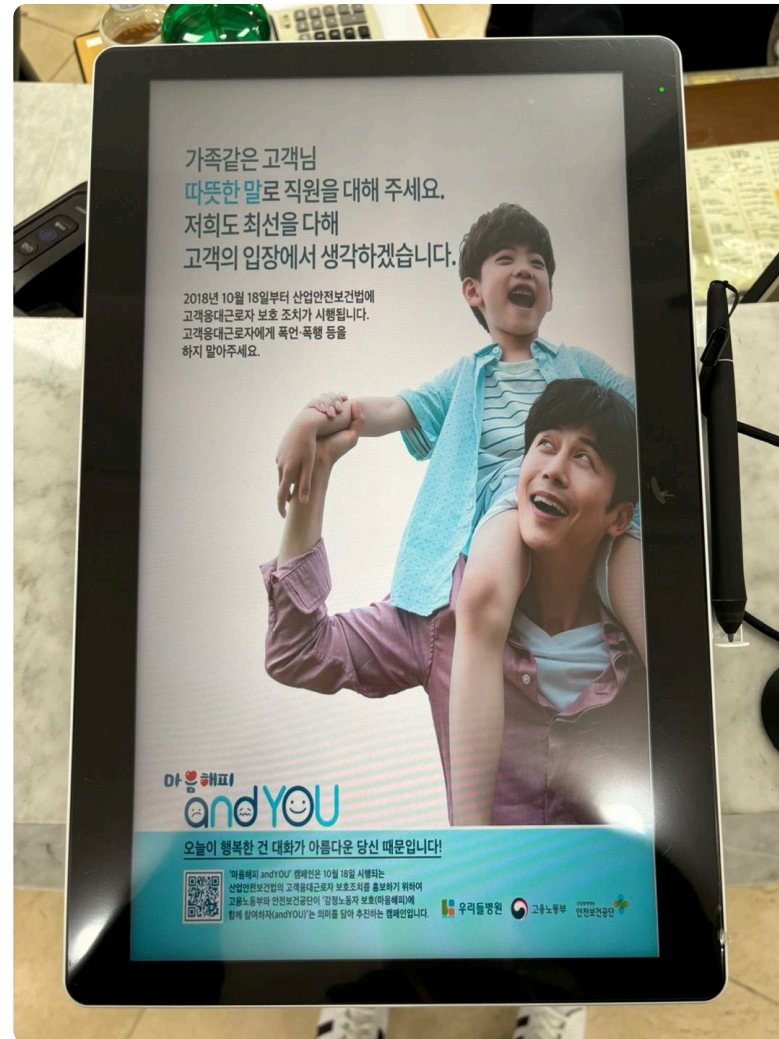
Name		Date of Birth	
Nationality		Home Telephone	
Mobile No.		Emergency Contact	
Home Address			
Email		Emergency Contact Email	

1. Initial Symptom Questionnaire





2. Passport or ID

5 Pay for the consultation.



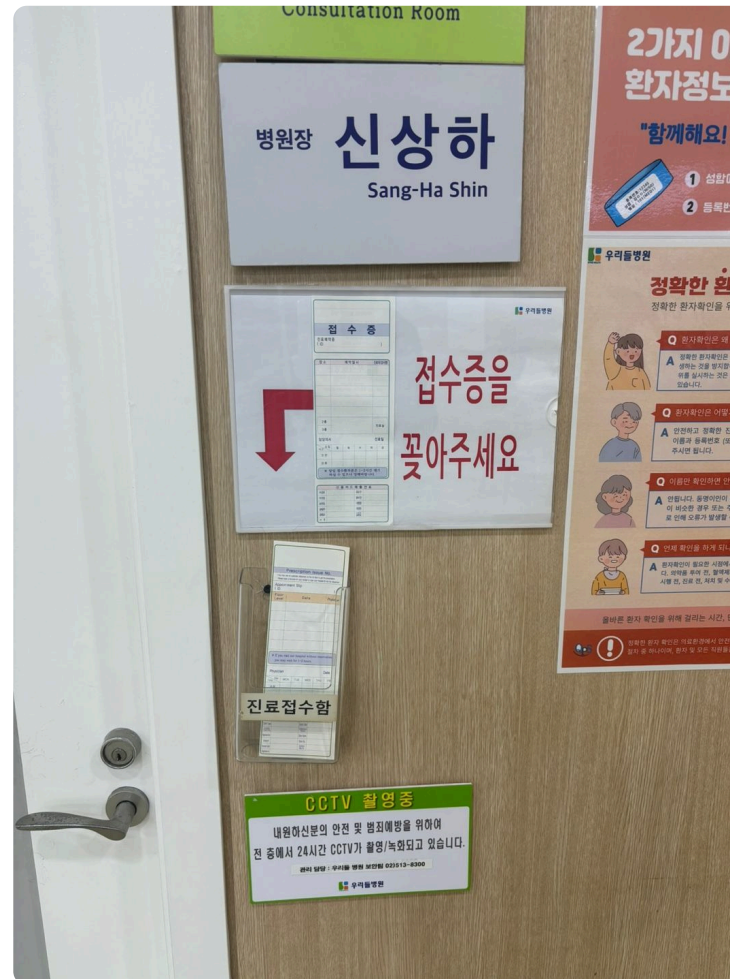
The price will be displayed on the tablet. Please confirm the cost and pay for your consultation.

6 Receive a medical receipt and appointment slip (attached to the right side of the receipt)

<input type="checkbox"/> OP <input type="checkbox"/> IP (<input type="checkbox"/> Discharge <input type="checkbox"/> Interim) MEDICAL BILL AND RECEIPT 									
Patient ID No.		Patient Name		Date of Consultation / Duration of Stay (days)		Ward		Off-Duty Hours	
								<input type="checkbox"/> Night <input type="checkbox"/> Holiday	
Department		Doctor		Room No.		Type of Patient		DRG No.	
Items	Insured			Non-Insured		Payment Description			
	Patient Due	Insurance Due	Patient Total Share	Specialty Service Fee	Others				
Consultation						⑦ Total Cost (①+②+③+④+⑤)			
Admission	Single					⑧ Total Patient Dues (①-⑥)+③+④+⑤			
	Multiple(2-3)								
	Multiple(over 4)					⑨ Amount paid			
Meal						⑩			
Medication	Service Fee					⑪ Balance(⑧-⑨)			
	Medicine								
Injection	Service Fee					⑫ Paid by patient (⑧-⑨-⑩)			
	Medicine								
Anesthesia									
Procedure Surgery									
Laboratory									
Radiology (Imaging)									
Radiotherapy									
Material									
Physical Therapy (Reb.)						⑬ Credit Card Receipt			
Psychotherapy						Store No.			
Transfusion						Card No/Type			
						Approval No.			
						ID No.			
						Approval No.			
						Remark			
CT						1. Patient partial share : It is generally applied as follows; however, it may vary depending on the location or level of facility, patient's qualification, health care benefit, type of ward, etc. - Share rate for out-patient : 30~60% - Share rate for in-patient : 20% (Max. 50%) CT/MR/PET : Share rate for out-patient Health care benefit (selective benefit) in accordance with Article 41-4 of the "National Health Insurance Act" : Co-payment rate for each item announced by the Minister of Health and Welfare			
MRI						2. Patient Total Share : The amount patient needs to pay fully in accordance with Article 6 of the "Enforcement Regulation of the National Health Insurance Act" and Article 1-2 of the "Enforcement Regulation of the Medical Care Assistance Act"			
PET						3. Over Deductible : The amount that is settled by the Korean National Health Insurance when it is over maximum co-payment in accordance with Article 3-2 of the "Enforcement Decree of the National Health Insurance Act"			
USG						4. "Comprehensive fee for diagnosis-related group" refers to the health care benefit cost determined by setting multiple medical activities related to the corresponding admission and treatment for DRG announced by the Minister of Health and Welfare in accordance with Article 21-3-2 of the "Regulations on the Standard of the National Health Insurance Health Care Benefit". However, even if a medical activity is related to the admission and treatment of the corresponding DRG, items such as non-health care benefit items, fee for treatment while being transferred, etc., excluded from the comprehensive fee are added and written in the basic item column and the selective column of the above table.			
Certificates									
Others									
Health Care Benefit									
Rate for over 65 ages									
Fixed Rate (convalescent hospital)									
Fixed Rate (palliative care)									
DRG									
Total	①	②	③	④	⑤				
Over Deductible	⑥					Specialty Service <input type="checkbox"/> Yes <input type="checkbox"/> No			
Facility Level	<input type="checkbox"/> Primary Level <input type="checkbox"/> Secondary Level <input type="checkbox"/> Tertiary Level								
Business Reg. No.	360-10-00406		Phone No.		02-513-8000		Hospital Name		
Address	445, Hakdong-ro, Gangnam-gu, Seoul, Korea						WOORIDUL HOSPITAL		
Year	Month	Day	President		Sang-Ho				
			Recipient						

Prescription Issue No.		
<small>*You may use an automatic dispenser on the 1st floor to get the prescription. Please scan a barcode on your receipt or type your hospital ID into the dispenser.</small>		
Appointment Slip (ID:)		
Floor Level	Date	Physician
※ If you visit our hospital without reservation, you may wait for 1-2 hours.		
Physician		Date
Time	Day	MON TUE WED THU FRI
A M		
P M		
※ You may contact us before you visit in order to make sure doctor's schedule.		
Credit Card Statement		
Card Type	Expiry Date	
Expiry Card No.	Installation Period	
Approval No.	Store Name	
Amount	Store No.	
Payment Date	Business Reg. No.	
Signature		

7 Put the appointment slip into the slip holder at the doctor's office where you have a consultation



Please wait until the nurse calls your name.