

Gleneagles

OFFICIAL RECEIPT

A registered business of
Parkway Hospitals Singapore Pte Ltd
6 Napier Road, Singapore 258500
Tel: 6470 5624/526
GST No.: 20-0409811-Z
Business Reg. No.: 53029036K

Date/Time : 15.12.2018 11:04:32
Cashier : Norashidah Binte Jasman
Cashier ID : 41
Machine No : 219
Receipt No : 129473

Patient :
Case No :
Cust No : 16,000.00
Patient Bill : 16,000.00

DUE RECEIVED 16,000.00

CASH SGD 16,000.00

(GST Inclusive)
Thank You

For cheque payment, validity of receipt is subject to cheque clearance

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Date/Time : 15.12.2018 11:07:16
Cashier : Norashidah Binte Jasman
Cashier ID : 41
Machine No : 219
Receipt No : 129475

Patient :
Case No :
Cust No : 6,688.69
Patient Bill : 6,688.69

DUE RECEIVED 6,688.69

VISA/MASTER SGD 6,688.69
Approval Code = 006275
Card Number = *****8010

(GST Inclusive)
Thank You

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Date/Time : 14.12.2018 08:52:40
Cashier : Nurul Syukriyah Binte Shuko
Cashier ID : 115
Machine No : 219
Receipt No : 129355

Patient :
Case No :
Cust No : 4,800.00
Patient Bill : 4,800.00

DUE RECEIVED 4,800.00

CASH SGD 4,800.00

(GST Inclusive)
Thank You

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TAX INVOICE

INDONESIA

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 GST Reg No
 Business Reg No
 Print Date/Time 15.12.2018/11:10:11
 Bill Date 15.12.2018
 Customer No
 Case No
 Bill Document No
 Admission Date 14.12.2018 08:40:39
 Discharge Date 15.12.2018 09:54:31

Service Description		Amount (S\$)
8WEST SURGICAL	ACCOMMODATION-4 BEDDED	1 242.06
	DAILY TREATMENT FEE	1 157.01
LABORATORY	LAB-PATHOLOGY	7,507.55
OT	OPERATING THEATRE SERVICES	2,307.17
	RECOVERY ROOM	70.01
	ANAESTHETIC TIME	490.83
	SURGICAL SUPPLIES	1,145.20
	MEDICAL SUPPLIES	891.61

View Your Medisave and/or MediShield Life Claim Details Online

Login to [mycpf online services](http://www.cpf.gov.sg) with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave and/or MediShield Life Integrated Shield Plan Claims for the past 15 months. For more information, please visit <http://ask-us.cpf.gov.sg>>> Meeting Your Healthcare Needs.

Reimbursement Information for Employers and Insurers

Reimbursement should be made to cash outlay first, followed by Medisave then MediShield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> E-Services>> Medisave/MediShield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.





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Case No
Bill Document No
Admission Date 14.12.2018 08:40:39
Discharge Date 15.12.2018 09:54:31

Service Description	Amount (S\$)
EQUIPMENT AND SUPPLY	451.37
PHARMACY PHARMACY	1,254.41
PHARMACY-IV INFUSION PHARMACY	53.14
Subtotal	14,570.36
Hospital Charges	14,570.36
GST @ 7%	1,019.93
Hospital Charges Subtotal	15,590.29





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 Discharge Date 15.12.2018 09:54:31

Service Description	Amount (S\$)
Doctor Fee	
DR CHUWA WEE LEE ESTHER	9,758.40
DR KU CHIH MIN	2,140.00
Total Doctor Fee	11,898.40
Total Bill	27,488.69
Total Hospital Charges	27,488.69
Payment	
14.12.2018 Rec-Cash/Chq (GHL)	4,800.00-
15.12.2018 Rec-Cash/Chq (GHL)	16,000.00-
15.12.2018 Visa/Master Cd (GEH) *****8010	6,688.69-



P80-0006-R1-07/15



TAX INVOICE

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INDONESIA

Service Description	Amount (S\$)
Balance	
: Balance	0.00



Any reimbursements to patients from the hospital will be processed within 3 to 6 weeks upon receipt of Tax Invoice.

Charges, credits and payments not processed at discharge will be billed at a later date.

Please note that a minimum of \$10 or 1% of the outstanding amount, whichever is higher, would be charged per month as late payment interest for overdue cases.

For billing matters, kindly contact (65) 6470 5624 / 5626 / 5627. For refund payments, kindly contact (65) 6494 6911 / 6918 / 6921 / 6922 or fax (65) 6570 2203.

Customer No./Name:

Case Number:

Balance Due(S\$):

0.00

Cheque Amount: _____

Cheque Number: _____

Bank: _____

Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".

Please detach and return this section with your payment.

JN0018533