



TAX INVOICE

ORIGINAL

GST REG NO : [REDACTED]

NDIGPW / FB / 10.04.2018 1002 hrs / Page 1 of 1

DENPASAR TIMUR INDONESIA Patient : [REDACTED]	Tax Invoice Number:	[REDACTED]
	Bill Ref Number :	[REDACTED]
	Tax Invoice Date :	10.04.2018 1002 hrs
	Patient NRIC/HRN :	[REDACTED]
	Visit Date :	10.04.2018 0846 hrs
	Visit / Bill Location :	NXDOI / NXDOI / ONC
	Payment Class :	OP-NON-RESIDENT
Type of Supply :	Cash/Credit	

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
LABORATORY INVESTIGATIONS			Subtotal
10007806	CARCINOEMBRYONIC ANTIGEN (CEA)	1	58.63
11001003	FULL BLOOD COUNT(FBC)	1	39.52
70299018	UE, BI, CRE, GLU	1	109.72
70299096	TP, ALB, TBIL, ALP, ALT, AST	1	109.85
Subtotal Charges			317.72
Total Charges Payable			317.72
AMOUNT PAYABLE BEFORE TAX			317.72
ADD : 7% GST			22.24
AMOUNT PAYABLE AFTER TAX			339.96
NET AMOUNT PAYABLE			339.96
[REDACTED]			339.96
PAYMENT	10.04.2018	CASH	339.95
ROUNDING ADJUSTMENT			0.01
AMOUNT DUE FROM			0.00
[REDACTED]			0.00



ST: X X0170067230H

*** You are served by FIONA GANG PEI WEN ***

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE : Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan."

CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO NATIONAL CANCER CENTRE OF SINGAPORE PTE LTD. PLEASE QUOTE INVOICE NO, PATIENT NAME AND CONTACT NO. ON THE REVERSE SIDE OF THE CHEQUE AND MAIL IT TO NATIONAL CANCER CENTRE, C/O SINGAPORE HEALTH SERVICES PTE LTD, BUKIT MERAH CENTRAL POST OFFICE, P.O.BOX 540, SINGAPORE 911532. PAYMENTS CAN BE MADE AT NCCS OR AT: [HTTPS://EPAY.SINGHEALTH.COM.SG/NCCS](https://epay.singhealth.com.sg/nccs). WE WOULD LIKE TO INFORM YOU THAT BILLS WHICH ARE OUTSTANDING FOR MORE THAT 60 DAYS WILL BE HANDED OVER TO OUR APPOINTED DEBT COLLECTION AGENCY.



RECEIPT

ORIGINAL

GST REG NO : [REDACTED]

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<p>[REDACTED]</p> <p>DENPASAR TIMUR INDONESIA</p>	<p>Receipt No : [REDACTED]</p> <p>Receipt Date : 10.04.2018. 10:02 hrs</p> <p>Customer Code : [REDACTED]</p> <p>Location : ONCOLOGIC IMAGING</p>
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REFERENCE	DESCRIPTION		AMOUNT (S\$)
	NRIC / HRN	PATIENT NAME	
BILL PAYMENT			
H218020190I000701 10.04.2018	[REDACTED]	[REDACTED]	339.96
	Paid By	[REDACTED]	
		CASH	339.95
		ROUNDING ADJUSTMENT	0.01
		Total Amount	339.96
	Cash Amount Tendered	: SGD 339.95	
	Change Given	: SGD 0.00	



*** You are served by FIONA GANG PEI WEN ***

THIS IS A COMPUTER GENERATED OFFICIAL RECEIPT . NO SIGNATURE IS REQUIRED. PLEASE NOTE ANY ALTERATIONS OF THE AMOUNT SHOWN IN WORDS OR FIGURES WILL RENDER THIS RECEIPT INVALID.