

TAX INVOICE

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GST Reg No 20-0409811-Z Business Reg No 53029036K

Print Date/Time 28.11.2014/11:16:12

Bill Date 28.11.2014
Customer No 4331274
Case No 1014095954
Bill Document No 8202170021
Admission Date 27.11.2014
Discharge Date 28.11.2014

Service Description			Amount (S\$)
9EAST E/E/S/G	ACCOMMODATION-4 BEDDED	223.36	
	SURGICAL SUPPLIES	55.69	
	MEDICAL SUPPLIES		12.38
	MEDICAL GAS		58.97
	DAILY TREATMENT FEE	1	139.25
LABORATORY	LAB-PATHOLOGY		4,337.96
A.W.			
OT	OPERATING THEATRE SERVICES	1,678.20	
	RECOVERY ROOM		110.37

View Your Medisave and/or Medishield 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 and/or MediShield 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 OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield, submit through internet at http://www.cpf.gov.sq and proceed to Employers>>E-Services>>Medisave/MediShield Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.





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Service Descripti	on	Amount (S\$)
	ANAESTHETIC TIME	788.31
	SURGICAL SUPPLIES	761.54
	MEDICAL SUPPLIES	534.34
	EQUIPMENT AND SUPPLY	274.77
PHARMACY	PHARMACY	441.79
Subtotal		9,416.93
Discount		37.38-
Hospital Charges		9,379.55
GST @ 7%		656.57
Hospital Charges	Subtotal	10,036.12
Doctor Fee		
DR CHUWA WEE LEE,	6,869.40	
DR TEO YEE WEI		1,500.00
Total Doctor Fee		8,369.40
Total Bill		18,405.52
Total Hospital Ch	18,405.52	





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	scription				Amount (S\$)
Payment					
27.11.2014	Visa/Master	Cd	(GHL)	5241695500397216	3,000.00-
27.11.2014	Visa/Master	Cd	(GHL)	4453770002059501	4,362.70-
28.11.2014	Visa/Master	Cd	(GHL)	4453770002059501	2,500.00-
28.11.2014	Visa/Master	Cd	(GHL)	4645831100941518	1,000.00-
28.11,2014	Visa/Master	Cd	(GHL)	4201940053854911	7,542.82-





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) 6305 7006 / 7008 / 7009 / 7015 or fax (65) 6259 1813.

Customer No./Name:	4331274	LENY MARIA		
Case Number:	1014095954	Balance Due(S\$)	0.00	
Cheque Amount:	c	heque Number:	Bank:	
Cheque should be cre	ossed and made	payable to "Parkway Ho	spitals Singapore Pte Ltd".	

Please detach and return this section with your payment.

: Balance