

TAX INVOICE

TO:

MRN/NRIC :
CASE NO :
VISIT DATE : 27.11.2019 14:45
LOCATION : LCCICARE
INVOICE DATE : 27.11.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME:

LOCATION : ALEX I-CARE CLINIC

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description

Amount(\$\$)

CONSULTATION AND SERVICES

Consultation Fee:

(GEN) CONSULTATION SERVICE (SC - RV)

87.00

X-ray:

XR - CHEST, AP/PA

35.00

Subtotal Charges (before Government Subsidy)

122.00

Less: Government Subsidy

46.00

Charges Payable Less Government Subsidy

76.00

Total Amount Payable

76.00

PAYMENT:

MEDISAVE

11.40

0.00

TOTAL DUE AFTER PAYMENT

64.60

DUE FROM:

0.00

ESTIMATED MEDISAVE (PENDING CPF BOARD APPROVAL)

64.60

FOR INFORMATION

MEDISAVE A/C HOLDER

CPF NO

Amt Deducted

0.00

0.00

FOR OFFICIAL USE ONLY

B0831C(CD) 500.00

B3004H(CD) 0.00

Total amount payable after GST is \$81.32.

Total GST for this bill at 7% is \$5.32 which is absorbed by the Government.