

TAX INVOICE

ORIGINAL

GNUZBA2 / FB / 22.10.2018 1546 hrs / Page 1 of 2

GST REG NO: M90368910N

SINGAPORE

Patient:

Tax Invoice Number:6818337074E0010 Bill Ref Number

:6818337074E-0010-01

Tax Invoice Date :22.10.2018 1546 hrs

Patient NRIC/HRN :S...

- 4

Visit Date

;22,10,2018 1153 hrs Visit / Bill Location : GCLHAEC / GCLHAEC /

HAE

Payment Class Type of Supply

:PRIVATE : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
	LABORATORY INVESTIGATIONS	Subtotal	2296.5	
HLA03074	HLA DQB TYPING (PCR INT TO HIGH RES)	1	243.93	
HF703102	HANDLING FEE	1	18.00	
HLA09027	HLA ABCDR TYPING (SBT) FOR LOCAL TRANSPLANT	1	885.9	
HF703102	HANDLING FEE	1	18.00	
10009606	CREATININE CLEARANCE TEST (CCT)	1	24.90	
10010709	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	1	23.30	
10010709	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	1	23.30	
10019326	VARICELLA-ZOSTER IGG AB	1	43.80	
10024120	CYTOMEGALOVIRUS IGM AB	1	54.00	
10025806	ANTIBODY TITRATIN SALINE	2	86.40	
10030509	VDRL TEST	1	38.70	
10033603	HEPATITIS B SURFACE ANTIGEN (HBS)	1	28.70	
10033647	HEPATITIS C ANTIBODY	1	50.20	
11007650	VNTR ANALYSIS	1	297.80	
1Z70213002	ZIKA VIRUS PCR	1	150.00	
22002309	HIV SCREEN~	1	37.80	
70205046	HEPATITIS B CORE TOTAL AB	1	53.90	
70205050	CYTOMEGALOVIRUS IGG AB EIA	1	41.10	
70205065	HTLV I/II ANTIBODY	1	103.90	
ABO	ABO AND RHO TYPING	2	72.80	
		Subtotal Charges	2296.5	
		Total Charges Fayable	2296.5	
AMOUNT PAYABLE BEFORE TAX			2296.5	
ADD: 7% GST			160.7	
AMOUNT PAYABLE AFTER TAX			2457.21	
NET AMOUNT PAYABLE	REC	DEIVED	2457.2	
	2 8 1	IOV 2018	2457.28	
PAYMENT	19			
202	Med	Cim Pega	0.00	
AMOUNT DUE FROM			2457 2	
*** You are served by ZAWIYAH BIN				



TAX INVOICE

ORIGINAL

GST REG NO: M90368910N

SINGAPORE

Patient:

GBOSSM / FB / 09.10.2018 1010 hrs / Page 1 of 2

Tax Invoice Number: 6818337074E0004 Bill Ref Number :6818337074E-0004-01 Tax Invoice Date :09.10.2018 1010 hrs

Patient NRIC/HRN :S _ ___ 1

VIsit Date :05.10.2018 1035 hrs

Visit / Bill Location : GCLHAEC / GMBBO2 /

HAE

:PRIVATE

Payment Class Type of Supply

: Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	100.00
76000205	SNR CONS - REPEAT VISIT	1	100.00
, 6555_55	LABORATORY INVESTIGATIONS	Subtotal	141.50
10004803	ALANINE AMINO TRANSFERASE (ALT)	1	13.90
10004904	ALBUMIN	1	13.90
10006007	ASPARTATE AMINO TRANSFERASE (AST)	1	13,90
10007008	BILIRUBIN TOTAL	1	11.60
10009505	CREATININE	1	12.10
10013106	MAGNESIUM	1	17.40
10014602	PHOSPHATASE ALKALINE	1	16.70
10015401	POTASSIUM	1	11.60
11001003	FULL BLOOD COUNT	1	30.40
11001000	SPECIALISED INVESTIGATIONS	Subtotal	44.30
70221002	ECG 12 LEADS	1	44,30
, , , , , , , , , , , , , , , , , , , ,	DRUGS / PRESCRIPTIONS / INJECTIONS	Subtotal	11.86
CYT02STD	INFUSION SOLN	1	7.00
PHANS2	DiphenhydrAMINE HCL 50MG/ML INJ	1	2.00
PHASTD	HYDROCORTISONE SOD SUCCINATE* 100MG INJ	1	2.76
PHASTD	PARACETAMOL* 500MG TAB	2	0.10
11/10/12	CLINIC/WARD PROCEDURES	Subtotal	184.20
75201207	FLUSHING OF CENTRAL VENOUS CATHETER	1	60.20
75203119	IV CHEMOTHERAPY INFUSION	1	85.30
75203119	DRESSING I/STO I	1	38.70
76003309	OTHER PROCEDURES	Subtotal	133.60
500HAECB2	FACILITY CHARGE - BED	1	123_00
HAEPREPS	HAEMATOLOGY DRUG PREPARATION FEE (SIMPLE)	1	10.60
HAEPREPS	TINEWITT DESCRIPTION OF THE PROPERTY OF THE PR	Subtotal Charges	615,46
		Total Charges Payable	615.46
TARREST DAY OF DECORE TA	٠	EIVED	615.46
AMOUNT PAYABLE BEFORE TA ADD: 7% GST	* P< = \(\frac{1}{2} \)	1/12-10	43.07
AMOUNT PAYABLE AFTER TAX	2 8 NC	oy 2018	658.5
NET AMOUNT PAVARIE			658.5
MET VINOUNT LATABLE	β \$ - · · ·	5 5 Die	658,53
NET AMOUNT PAYABLE		- A 702	

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No. 11 Jalan Tan Tock Seng, Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries) Fax: 6256 9234 Reg No. 199003683N

The TTSH Community Fund actively helps needy patients and the community through health-telated programs. Every donation goes a long way in making a positive impact to our patients' lives. To donate or know more about TTSH Community Fund, please visit www.ttsh.com.ag/itshcf. Thank You,

TAX INVOICE (Adjusted) P 008298 1 hollow up Claim

TO:

MDM. BLK

SINGAPORE -

MRN/NRIC

CASE NO VISIT DATE

: S: : 12 A

: 1218360720I-00002 : 02.04.2018 08:30

LOCATION INVOICE DATE : TCT5A : 16.04.2018

TYPE OF SUPPLY GST REG NO

: CASH/CREDIT : M2-0094564-6

PATIENT NAME:

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$)
Charges Payable	101.20
Total Amount Payable	266.66
ADJUSTMENT: ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.02-
PAYMENT:	
INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	0.00 240.00 26.14
TOTAL DUE AFTER PAYMENT	0.50
DUE FROM:	
INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	0.50 0.00 0.00
FOR INFORMATION	
INTEGRATED GREAT EASTERN SUPREMEHEALTH payout consist of the following: MEDISHIELD LIFE GREAT EASTERN SUPREMEHEALTH ADDITIONAL COVERAGE	239.53 0.47

MEDISAVE A/C HOLDER CPF NO Amt Deducted

For more information on the payment details, please contact Customer service Hotline Customer Service at 1800 248 2888

S(A

RECENTED

26.14

Total amount payable after GST is \$285.31.

Total GST for this bill at 7% is \$18.65 which is absorbed by the Government.

2 7 NOV 2018

The amount payable by patient has been rounded down to the nearest 5 cents.

War Carlon

THIS TAX INVOICE SUPERSEDES ALL PREVIOUS TAX INVOICES FOR YOUR VISIT ON 02.04.2018.



No. 11 Jalan Tan Tack Seng, Singapore 308433 Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)

Fax: 6256 9234 Reg No. 199003683N

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TAX INVOICE (Adjusted)

Tollow up Claim

TO:

MDM.

BLK

SINGAPORE -

MRN/NRIC

CASE NO

: S.

: 12183607201-00021 : 11.06.2018 08:30

VISIT DATE LOCATION

: TCT5A

INVOICE DATE TYPE OF SUPPLY : 08.07.2018 : CASH/CREDIT

GST REG NO

: M2-0094564-6

PATIENT NAME:

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$)
Total Amount Payable	353.23
ADJUSTMENT: ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.02-
PAYMENT: INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	0.00 318.04 20.02
TOTAL DUE AFTER PAYMENT	15.30
DUE FROM:	45.00
INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	15.30 0.00 0.00
FOR INFORMATION	
INTEGRATED GREAT EASTERN SUPREMEHEALTH payout consist of the following: MEDISHIELD LIFE GREAT EASTERN SUPREMEHEALTH ADDITIONAL COVERAGE	304.25 13.79
For more information on the payment details, please contact Customer service Hotline Customer Service at 1800 248 2888	

MEDISAVE A/C HOLDER CPF NO		Amt Deducted	Amt Deducted	
	S	А	20.02	

Total amount payable after GST is \$378.14.

Total GST for this bill at 7% is \$24.76 which is absorbed by the Government.

The amount payable by patient has been rounded down to the nearest 5 cents.

THIS TAX INVOICE SUPERSEDES ALL PREVIOUS TAX INVOICES FOR YOUR VISIT ON 11.06.2018.

RECEIVED

2 7 NOV 2018