

TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

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

<p>SINGAPORE</p> <p>Patient : Kumarsanga</p>	<p>Tax Invoice Number: 6818337074E0010</p> <p>Bill Ref Number : 6818337074E-0010-01</p> <p>Tax Invoice Date : 22.10.2018 1546 hrs</p> <p>Patient NRIC/HRN : S I</p> <p>Visit Date : 22.10.2018 1153 hrs</p> <p>Visit / Bill Location : GCLHAEC / GCLHAEC / HAE</p> <p>Payment Class : PRIVATE</p> <p>Type of Supply : Cash/Credit</p>
--	---

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$\$)
	LABORATORY INVESTIGATIONS	Subtotal	2296.51
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	885.98
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		2296.51
	Total Charges Payable		2296.51
AMOUNT PAYABLE BEFORE TAX			2296.51
ADD : 7% GST			160.77
AMOUNT PAYABLE AFTER TAX			2457.28
NET AMOUNT PAYABLE			2457.28
PAYMENT			0.00
AMOUNT DUE FROM			2457.28
*** You are served by ZAWIYAH BINTE ABUDULLAH ***			

RECEIVED

28 NOV 2018

Med Clin Dept

TAX INVOICE
(Adjusted)

P 00829. 15
Follow up claim

TO:

MDM.
BLK ; #
SINGAPORE -

MRN/NRIC : S 1
CASE NO : 12183607201-00001
VISIT DATE : 26.03.2018 08:30
LOCATION : TCT5A
INVOICE DATE : 08.04.2018
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-6

PATIENT NAME :

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$)
-------------	-------------

Medication:

Loperamide HCL 2mg Cap/Tab	11.70
PREP CHARGE FOR INFUSION BAG	94.00

Charges Payable	109.30
------------------------	---------------

Total Amount Payable	298.18
----------------------	--------

ADJUSTMENT:

ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.02-
--	-------

PAYMENT:

	0.00
INTEGRATED GREAT EASTERN SUPREMEHEALTH	268.36
MEDISAVE	10.80

TOTAL DUE AFTER PAYMENT	19.00
--------------------------------	--------------

DUE FROM:

	19.00
INTEGRATED GREAT EASTERN SUPREMEHEALTH	0.00
MEDISAVE	0.00

RECEIVED

27 NOV 2018

Med Qim Regn

FOR INFORMATION

INTEGRATED GREAT EASTERN SUPREMEHEALTH payout consist of the following:	
MEDISHIELD LIFE	251.24
GREAT EASTERN SUPREMEHEALTH ADDITIONAL COVERAGE	17.12

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
	S A	10.80

Total amount payable after GST is \$319.05.

Total GST for this bill at 7% is \$20.87 which is absorbed by the Government.

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

The Cancer Centre

290 Orchard Road #17-05/06 Paragon Singapore 238859
Tel 6835 1000 Fax: 6235 2281

GST Reg No : 200723619G

Co Reg No : 200723619G

TAX INVOICE

S()

Invoice No. : 38737
Our Reference : 04060
Date : 10 Jan 2017

PATIENT : NG (GUSTAVO)

DESCRIPTION	UNIT PRICE	QTY	NET TOTAL FEE (\$)
FOUNDATION ONE SENT TO USA	8,250.00	1.00	8,250.00
STIVARGA 40MG TABLET	107.50	63.00	6,772.50
STIVARGA 40MG TABLET	107.50	63.00	6,772.50
CRAVIT 500MG TABLET	9.30	7.00	65.10
DIFFLAM SOLUTION 200ML	24.20	2.00 Bott	48.40
PHYSIOGEL INTENSIVE CREAM 100G	34.00	1.00 Tube	34.00
RECORMON 30000U INJ	571.20	3.00 Unit	1,713.60
TELFAS 180MG TABLET	1.40	14.00	19.60
REPEAT CONSULT	73.00	1.00	73.00
IM INJECTION S/C	17.00	1.00	17.00
PORT NEEDLE INSERTION/FLUSHING	112.00	1.00	112.00
PORT NEEDLE REMOVAL	84.00	1.00	84.00
IV HEPARIN 1000IU/ML INJ	17.25	1.00 Amp	17.25
FULL BLD COUNT, RENAL & LIVER FC02+RF05+LVA	82.00	1.00	82.00
CEA	30.00	1.00	30.00
IRON	10.00	1.00	10.00
TIBC, INCLUDING TRANSFERRIN	20.00	1.00	20.00
FERRITIN	30.00	1.00	30.00
FDG-PET SCAN	2,205.00	1.00	2,205.00
Sub-Total			26,355.95
Add GST 7.0%			1,844.92
Rounding Adjustment			-0.02
Total Amount Payable			28,200.85
CARD Payment Received - Receipt No. 37842			7,000.00
NETS Payment Received			3,000.00
Outstanding Balance			18,200.85

Remark : A/W NEXT VISIT

All Cheques should be crossed and made payable to
Cancer Centre Pte Ltd

RECEIVED

12 JAN 2017

Med Clm Regn

The Cancer Centre290 Orchard Road #17-05/06 Paragon Singapore 238859
Tel: 6835 1000 Fax: 6235 2261

GST Reg No : 200723619G

Co Reg No : 200723619G

TAX INVOICE

Invoice No. : 40053
 Our Reference : 04060
 Date : 04 Apr 2017

PATIENT : (G... U)

DESCRIPTION	UNIT PRICE	QTY	NET TOTAL FEE (\$)
ALBUMIN 20% INF	142.35	4.00	569.40
ATACAND 4MG TABLET	1.60	90.00 Tabs	144.00
RESOURCE BENEPROTEIN POWDER X	26.35	2.00 Pkts	\$56.39 52.70 X
FDG PET SCAN	2,100.00	1.00	2,100.00
REPEAT CONSULT	73.00	1.00	73.00
CANNULATION/VENEPUNCTURE	34.00	1.00	34.00
HEPARIN SALINE 100IU/5ML INJ	17.25	1.00	17.25
VOLUMETRIC SET FOR INFUSION	27.10	1.00 Unit	27.10
HYDRATION (PER HOUR BLOCK)	180.00	1.00	180.00
FULL BLD COUNT, RENAL & LIVER FC02+RF05+LVA	82.00	1.00	82.00
FULL BLD COUNT, RENAL & LIVER FC02+RF05+LVA	82.00	1.00	82.00
CEA	30.00	1.00	30.00
Sub-Total			3,391.45
Add GST 7.0%			237.40
Total Amount Payable			3,628.85
CARD Payment Received - Receipt No. 39115			3,628.85
Outstanding Balance			0.00

All Cheques should be crossed and made payable to :
 Cancer Centre Pte Ltd

\$3572.46

Patient is deemed to have fully understood the product, treatment procedure and/or services described on this invoice before confirming order and making payment.

All items sold are non-refundable.

Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield OR the Medisave-approved Integrated Plan.

To make payment to Medisave and MediShield, please send a cheque to CPF Board or pay over the Internet (more information at www.cpf.gov.sg). To make payment to the Medisave-approved Integrated Plan, please send a cheque directly to the private insurer operating the Medisave-approved Integrated Plan. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield OR the Medisave-approved Integrated Plan.

This is a computer generated invoice which does not require a signature

E. & O.E

RECEIVED
 10 APR 2017
 Med Clm Regn (Changi)