

## TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

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

<p>SINGAPORE</p> <p>Patient :</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>
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SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$\$)
	<b>LABORATORY INVESTIGATIONS</b>	<b>Subtotal</b>	<b>2296.51</b>
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
	<b>Subtotal Charges</b>		<b>2296.51</b>
	<b>Total Charges Payable</b>		<b>2296.51</b>
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

ORIGINAL

GST REG NO : M90368910N

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

SINGAPORE

Patient :

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

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28 NOV 2018

Med Clin Regn

"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."

PAYMENT - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at <https://ePay.singhealth.com.sg/sgh> or vBOX at [www.vbox.com.sg](http://www.vbox.com.sg), AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.

Please attach this portion to your cheque payment

S	22.10.2018	6818337074E0010	Amt Due \$	2457.28	
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Singapore  
General Hospital  
SingHealth

# TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

GSOPUT / FB / 05.09.2018 1600 hrs / Page 1 of 1

SINGAPORE  Patient :	Tax Invoice Number:	6817359239A0055
	Bill Ref Number :	6817359239A-0055-01
	Tax Invoice Date :	05.09.2018 1600 hrs
	Patient NRIC/HRN :	S A
	Visit Date :	05.09.2018 1425 hrs
	Visit / Bill Location :	GCL71C / GCL71C / OTO
	Payment Class :	PRIVATE
	Type of Supply :	Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(SS)
	<b>CONSUMABLES</b>	Subtotal	18.00
74701212	SUPPLIES - MISCELLANEOUS 19.26	1	18.00
	<b>REHABILITATIVE SERVICES</b>	Subtotal	139.00
74701122	PODIATRY CONSULTATION X 65.27	1	61.00
74701144	BIOMECHANICAL/GAIT ASSESSMENT 83.46	1	78.00
	Subtotal Charges		157.00
	Total Charges Payable		157.00
	AMOUNT PAYABLE BEFORE TAX		157.00
	ADD : 7% GST		10.99
	AMOUNT PAYABLE AFTER TAX		167.99
	NET AMOUNT PAYABLE		167.99
	MCPS-CIVIL SERVICE MED CLAIMS		148.73
			19.26
	PAYMENT		0.00
	MCPS-CIVIL SERVICE MED CLAIMS 05.09.2018 VISA/MASTER 19.26		19.25
	AMOUNT DUE FROM		148.73
	MCPS-CIVIL SERVICE MED CLAIMS		0.00
	MCPS S1526407A		
	*** You are served by PHUVANISHWARY D/O UTHAYAKUMAR ***		

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.

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Singapore  
General Hospital  
SingHealth

## TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

GSOSBB / FB / 05.10.2018 1448 hrs / Page 1 of 1

SINGAPORE	Tax Invoice Number: 6817359239A0049
	Bill Ref Number : 6817359239A-0049-01
Patient :	Tax Invoice Date : 05.10.2018 1448 hrs
	Patient NRIC/HRN : S
	Visit Date : 05.10.2018 1217 hrs
	Visit / Bill Location : GEOCD / GEOCD / OTO
	Payment Class : PRIVATE
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(SS)
	<u>PROFESSIONAL FEES - DOCTOR</u>	Subtotal	87.00
76000407	CONS - REPEAT VISIT	1	87.00
	<u>X-RAY INVESTIGATIONS</u>	Subtotal	103.00
15003009	Foot X-ray, Right, Other Views	1	51.90
15003009	Foot X-ray, Right, DP and Lat Weight Bearing	1	51.90
	<u>DRUGS / PRESCRIPTIONS / INJECTIONS</u>	Subtotal	9.80
PHASTD	PROMETHAZINE CODEINE* CO LINCTUS 100ML X	2	5.00
PHASTD	LORATADINE* 10MG TAB X	20	4.80
	Subtotal Charges		200.60
	Total Charges Payable		200.60
AMOUNT PAYABLE BEFORE TAX			200.60
ADD : 7% GST			14.04
AMOUNT PAYABLE AFTER TAX			214.64
NET AMOUNT PAYABLE			214.64
MCPS-CIVIL SERVICE MED CLAIMS			214.64
			0.00
PAYMENT			0.00
MCPS-CIVIL SERVICE MED CLAIMS			0.00
AMOUNT DUE FROM			214.64
MCPS-CIVIL SERVICE MED CLAIMS			0.00
			204.15
MCPS	S1526407A		
*** You are served by SHAHRANA BEE BEE D/O ANWAR KHAN ***			

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.

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## TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

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

<p>REG NO : M90366910N</p> <p>SINGAPORE</p> <p>Patient :</p>	<p>Tax Invoice Number:6818337074E0004</p> <p>Bill Ref Number :6818337074E-0004-01</p> <p>Tax Invoice Date :09.10.2018 1010 hrs</p> <p>Patient NRIC/HRN :S _____</p> <p>Visit Date :05.10.2018 1035 hrs</p> <p>Visit / Bill Location :GCLHAEC / GMBBO2 / HAE</p> <p>Payment Class :PRIVATE</p> <p>Type of Supply : Cash/Credit</p>
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SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(฿)
	<u>PROFESSIONAL FEES - DOCTOR</u>	Subtotal	100.00
76000205	SNR CONS - REPEAT VISIT	1	100.00
	<u>LABORATORY INVESTIGATIONS</u>	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
	<u>SPECIALISED INVESTIGATIONS</u>	Subtotal	44.30
70221002	ECG 12 LEADS	1	44.30
	<u>DRUGS / PRESCRIPTIONS / INJECTIONS</u>	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
	<u>CLINIC/WARD PROCEDURES</u>	Subtotal	184.20
75201207	FLUSHING OF CENTRAL VENOUS CATHETER	1	60.20
75203119	IV CHEMOTHERAPY INFUSION	1	85.30
76003309	DRESSING I/STO I	1	38.70
	<u>OTHER PROCEDURES</u>	Subtotal	133.60
500HAECB2	FACILITY CHARGE - BED	1	123.00
HAEPREPS	HAEMATOLOGY DRUG PREPARATION FEE (SIMPLE)	1	10.60
	Subtotal Charges		615.46
	Total Charges Payable		615.46
AMOUNT PAYABLE BEFORE TAX			615.46
ADD : 7% GST			43.07
AMOUNT PAYABLE AFTER TAX			658.53
NET AMOUNT PAYABLE			658.53

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28 NOV 2018

Ans did 7/10/12



## TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

GBOSM / FB / 09.10.2018 1010 hrs / Page 2 of 2

SINGAPORE	Tax Invoice Number: 6818337074E0004
Patient :	Bill Ref Number : 6818337074E-0004-01
	Tax Invoice Date : 09.10.2018 1010 hrs
	Patient NRIC/HRN : S .
	Visit Date : 05.10.2018 1035 hrs
	Visit / Bill Location : GCLHAEC / GMBB02 / HAE
	Payment Class : PRIVATE
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
PAYMENT			0.00
AMOUNT DUE FROM			658.53
<p>RECEIVED</p> <p>28 NOV 2018</p> <p>Med Clm Regn</p> <p>*** You are served by SITI SABIRAH BINTE MOHAMED SAIF ***</p>			

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Please attach this portion to your cheque payment

S	09.10.2018	6818337074E0004	Amt Due \$	658.53	
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**TAX INVOICE**  
(Adjusted)

P 00829

follow up claim

TO:

MDM.  
BLK  
  
SINGAPORE -

MRN/NRIC : S A  
CASE NO : 12183607201-00002  
VISIT DATE : 02.04.2018 08:30  
LOCATION : TCT5A  
INVOICE DATE : 16.04.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME :

PLEASE PAY UPON RECEIPT OF THIS INVOICE

<b>Description</b>	<b>Amount(\$\$)</b>
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**CONSULTATION AND SERVICES**

**CONSUMABLES:**

IV Fluid (Per Bottle)	8.15
IV Start/Set (For Outpatient Only)	40.17

**Specialised:**

IV Therapy / IV Chemotherapy Set-up	24.00
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**Ward/ Clinic/ Other Procedures/ Services:**

IV Cannulation Insertion	26.00
Treatment Monitoring 4	114.00

Subtotal Charges (before Government Subsidy)	212.32
Less: Government Subsidy	107.49-

<b>Charges Payable Less Government Subsidy</b>	<b>104.83</b>
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**SUBSIDISED DRUGS**

**Medication:**

Ondansetron 8mg Tab	4.56
Dexamethasone 4mg Tab	1.04
CISplatin 50mg/50mL Inj	14.70
Gemcitabine 1,000mg/25mL Inj (F)	74.50
Magnesium Sulfate 10mmol/5mL (49.3%) Inj	3.50
POT CHLORIDE PREMIXED 10MMOL/100ML WFI	9.30
Ondansetron 8mg/4mL Inj	7.50
Dexamethasone 4mg/mL Inj P/Free	6.15

Services are not claimable.  
Please pay by cash or cheque

Subtotal Charges (before Government Subsidy)	121.25
Less: Government Subsidy	60.62-

<b>Charges Payable Less Government Subsidy</b>	<b>60.63</b>
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**OTHERS**

**Treatment Services/Investigations:**

Other Misc Procedure/Charge	7.20
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**Medication:**

PREP CHARGE FOR INFUSION BAG	94.00
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27 NOV 2018

**TAX INVOICE**  
(Adjusted)

P 008098  
follow up claim

TO: MDM.  
BLK  
SINGAPORE -

MRN/NRIC : S. JA  
CASE NO : 12183607201-00002  
VISIT DATE : 02.04.2018 08:30  
LOCATION : TCT5A  
INVOICE DATE : 16.04.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME :

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$)
<b>Charges Payable</b>	<b>101.20</b>
Total Amount Payable	266.66
<b>ADJUSTMENT:</b> ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.02-
<b>PAYMENT:</b>	
INTEGRATED GREAT EASTERN SUPREMEHEALTH	0.00
MEDISAVE	240.00
	26.14
<b>TOTAL DUE AFTER PAYMENT</b>	<b>0.50</b>
<b>DUE FROM:</b>	
INTEGRATED GREAT EASTERN SUPREMEHEALTH	0.50
MEDISAVE	0.00
	0.00

**FOR INFORMATION**

INTEGRATED GREAT EASTERN SUPREMEHEALTH payout consist of the following:

MEDISHIELD LIFE	239.53
GREAT EASTERN SUPREMEHEALTH ADDITIONAL COVERAGE	0.47

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
	SI A	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.

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 02.04.2018.



# **TAX INVOICE** (Adjusted)

TO:

MDM.  
BLK #  
SINGAPORE -

MRN/NRIC : S A  
CASE NO : 1218360720I-00002  
VISIT DATE : 02.04.2018 08:30  
LOCATION : TCT5A  
INVOICE DATE : 16.04.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME : N

PLEASE PAY UPON RECEIPT OF THIS INVOICE

**Description**

**Amount(S\$)**

-----Please cut along this line-----

## **CHEQUE/CREDIT CARD PAYMENT SLIP**

For cheque or credit card payment, please fill in the details below.

PATIENT NAME:

CASE NUMBER: 1218360720I-00002

Payment amount:

Contact No:

Cheque Detail: (Bank)

(Cheque Number)

Credit Card No:

Expiry Date:

Cardholder's Name:

Cardholder's Signature:



T1SG

3623198

1218360720I-00002

0000000050

0

**TAX INVOICE**  
(Adjusted)

P 00829  
follow up claim

TO:

MDM.  
BLK.  
SINGAPORE - 550335

MRN/NRIC : S... A  
CASE NO : 12183607201-00021  
VISIT DATE : 11.06.2018 08:30  
LOCATION : TCT5A  
INVOICE DATE : 08.07.2018  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME : ...

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(S\$)
<b>CONSULTATION AND SERVICES</b>	
<b>CONSUMABLES:</b>	
IV Fluid (Per Bottle)	8.15
IV Start/Set (For Outpatient Only)	13.39
<b>Specialised:</b>	
IV Therapy / IV Chemotherapy Set-up	24.00
<b>Ward/ Clinic/ Other Procedures/ Services:</b>	
IV Cannulation Insertion	26.00
Chemotherapy Treatment Monitoring 3	86.00
Subtotal Charges (before Government Subsidy)	157.54
Less: Government Subsidy	79.21-
<b>Charges Payable Less Government Subsidy</b>	<b>78.33</b>
<b>SUBSIDISED DRUGS</b>	
<b>Medication:</b>	
Dexamethasone 4mg Tab	1.04
CISplatin 50mg/50mL Inj	14.70
Gemcitabine 1,000mg/25mL Inj (F)	74.50
Magnesium Sulfate 10mmol/5mL (49.3%) Inj	3.50
POT CHLORIDE 10MMOL/500ML IN SALINE 0.9%	13.60
Dexamethasone 4mg/mL Inj P/Free	4.10
Subtotal Charges (before Government Subsidy)	111.44
Less: Government Subsidy	55.72-
<b>Charges Payable Less Government Subsidy</b>	<b>55.72</b>
<b>OTHERS</b>	
<b>Medication:</b>	
Netupitant 300mg Palonosetron 0.5mg Cap	117.33
PREP CHARGE FOR INFUSION BAG	94.00
Prep for Phaseal Infusion Adapter	8.00
<b>Charges Payable</b>	<b>219.33</b>

Services are not claimable.  
Please pay by cash or cheque

RECEIVED

27 NOV 2018

Medi-Claim Regd

**TAX INVOICE**  
(Adjusted)

00829  
Follow up claim

TO:

MDM. #  
BLK #  
SINGAPORE -

MRN/NRIC : S. A  
CASE NO : 12183607201-00021  
VISIT DATE : 11.06.2018 08:30  
LOCATION : TCT5A  
INVOICE DATE : 08.07.2018  
TYPE OF SUPPLY : 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
<b>ADJUSTMENT:</b> ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	0.02-
<b>PAYMENT:</b> INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	0.00 318.04 20.02
<b>TOTAL DUE AFTER PAYMENT</b>	15.30
<b>DUE FROM:</b> INTEGRATED GREAT EASTERN SUPREMEHEALTH MEDISAVE	15.30 0.00 0.00

**FOR INFORMATION**

INTEGRATED GREAT EASTERN SUPREMEHEALTH payout consist of the following:

MEDISHIELD LIFE	304.25
GREAT EASTERN SUPREMEHEALTH ADDITIONAL COVERAGE	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
	S. A	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

27 NOV 2018



**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\$)
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**Medication:**

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

<b>Charges Payable</b>	<b>109.30</b>
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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

<b>TOTAL DUE AFTER PAYMENT</b>	<b>19.00</b>
--------------------------------	--------------

**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.



Company Reg and GST  
Reg: 201108758H

8 Sinaran Drive #04-03  
Novena Specialist Center  
Singapore 307470

+65 6659 6918 TEL  
+65 6659 6919 FAX

info@tuckermedical.com  
www.tuckermedical.com

**Tucker  
Medical**

Mark

SINGAPORE

Tax Invoice  
Provider: Dr Steven Tucker

Invoice #16984

Date 12/07/18

Ref No Q3885

Item	Description	Qty	Unit Cost	Sub Total
CONSULTATION FOLLOW UP		1	\$150.00	\$150.00
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3ml EDTA blood	1	\$12.00	\$12.00
COMPLETE BLOOD COUNT	3ml EDTA	1	\$30.00	\$30.00
CRP(non-HS)	3ml plain blood	1	\$38.00	\$38.00
COMPLETE METABOLIC PROFILE		1	\$87.00	\$87.00
INFUSION		1	\$300.00	\$300.00
FACILITY FEE		1	\$200.00	\$200.00
CONSUMABLES		1	\$150.00	\$150.00
AVASTIN 100MG INJ	IV AVASTIN 800MG IN NACL0.9%100 MLS OVER 30MINS	8	\$1,085.00	\$8,680.00
DEXAMETHASONE 5MG/ML INJ	IV 20MG IN NACL0.9%100MLS OVER 15MINS	4	\$8.00	\$32.00
ROCEPHIN/CEFTRIAZONE 1G INJ	2GM IN NACL0.9%100MLS OVER 30MINS	2	\$68.00	\$136.00
DIFLUCAN 150MG CAP		1	\$31.50	\$31.50
DEXAMETHASONE 4MG TAB	Take with food or after meals. Take 2 tablets twice daily.	20	\$0.35	\$7.00
CONSUMABLES	Ryles Tube, Litmus paper & Syringes	1	\$39.40	\$39.40
CHEST X RAY - PA & LAT (LIFESCAN)		1	\$70.00	\$70.00

\*Please be advised that charges to radiological (Imaging) investigations may vary depending upon the radiologist's discretion. Any additional charges incurred will be billed and settled after the investigation.

All cheques should be made payable to:  
Tucker Medical Pte Ltd.  
This is a computer generated invoice which  
does not require a signature E. & O.E.

Sub-Total:	\$8,940.90
GST 7%:	\$625.86
Adjustment:	(\$0.01)
Total:	\$10,636.75

Amex

\$10,636.75

12 Jul 18

Acknowledgement of Receipt

Customer's Signature

RECEIVED



National Healthcare Group

POLYCLINICS

Advancing Family Medicine Transforming Primary Healthcare

GST Reg No.: M9-0004581-Y

Reg No.: 52929305J

## TAX INVOICE

L. 3  
9. 1  
#L  
SINGAPORE

MRN: S  
CLINIC: HOUGANG POLYCLINIC  
VISIT NO: NOE17101727660G  
VISIT DATE: 17/10/2017 10:53  
BILL DATE: 17/10/2017 11:27  
BILL NO: 0E17318207  
TERMS: IMMEDIATE

SERVICES RENDERED	UNIT	GROSS(\$)	SUBSIDY(\$)	AMT PAYABLE(\$)
<b>LABORATORY</b>	3	116.40	19.80	96.60
Anti-Hcv Antibody	1			
Hepatitis B Status (Screening)	1			
@*Liver Function Test	1			
Total Charges		116.40		
Government Subsidy			19.80	
Government Subsidy for Pioneers (additional 50% off for items marked with "@")			6.60	
Amount Payable Before Tax				90.00
7% GST				6.30
Amount Payable After Tax				96.30
GST absorbed by Government				6.30
<b>TOTAL AMOUNT PAYABLE</b>				<b>90.00</b>
<b>PAYMENT BY</b>				
MEDISAVE (ESTIMATED AMOUNT PENDING APPROVAL BY CPF BOARD)			17/10/2017	5.61
CASH			17/10/2017	83.40
FLEXI MEDISAVE (ESTIMATED AMOUNT PENDING APPROVAL BY CPF BOARD)			17/10/2017	0.99
<b>TOTAL DUE AFTER PAYMENT</b>				<b>0.00</b>
CASH TAKEN				100.00
CHANGE DUE				16.60

## ADDITIONAL INFORMATION

MEDISAVE A/C HOLDER	CPF NO	AMT TO BE DEDUCTED(\$)	EXPIRY DATE	MEDISAVE TYPE
L	S	5.61	31/12/2099	CDMP
L	S	0.99	31/12/2099	FLEXI

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10 JAN 2018

Med Clin Regn

Please note that the Dental Appointment Deposit will be forfeited if you DO NOT:  
Turn up for your appointment  
Reschedule or cancel your appointment 3 working days in advance

Amount paid for packages are not refundable nor transferrable  
Medicines, goods and services sold are non-refundable and non-exchangeable

~ Eligible for CHAS Subsidy, + Eligible for MAF/MAF Plus Subsidy

\* Indicates this Medical Service is medisave claimable

^ 3rd party claimable

⊗ Eligible for PG Subsidy

SERVED BY KUI CHIN CHENG  
17/10/2017



A Member  
National Healthcare Group



0E17318207

PLEASE SEE OVERLEAF FOR PAYMENT AND /OR OTHER INFORMATION/ INSTRUCTIONS  
KINDLY KEEP THIS DOCUMENT AS PROOF OF PAYMENT

NHGP/MS9-01A





# Infectious Diseases Care Pte Ltd

3 Mount Elizabeth #12-18 Mount Elizabeth Medical Centre Singapore 228510  
Tel: +65 6836 6968 Fax: +65 6836 6936

www.idcare.com.sg • info@idcare.com.sg • 24hr Ans Service: 65358833

Dr Asok Kurup

Specialist in Infectious Diseases

MMBS (Singapore), MMed (Internal Medicine) MRCP (UK), FAMS

Visiting Consultant, Dept of Infectious Diseases, Singapore General Hospital

GST Reg No : 201005118Z

Co Reg No : 201005118Z

## TAX INVOICE

#  
S( )

Invoice No. 18010  
Our Reference 05219  
Date 07 Aug 2018

PATIENT (S) (F)

DESCRIPTION	UNIT PRICE	QTY	TOTAL (\$)	DISC (%)	NET TOTAL FEE (\$)
FBC ,CRP, LVA ,REF04 ,ESR	120.00	1.00	120.00		120.00
AMIKACIN TROUGH	68.00	1.00	68.00		68.00
AMIKACIN 500MG	30.00	10.00 Vial	300.00		300.00
PROCODIN SYRUP 100ML	15.00	2.00 Bott	30.00		30.00
PUMP	150.00	28.00 Unit	4,200.00		4,200.00
AMIKACIN 500MG	30.00	4.00 Vial	120.00		120.00
PROCEDURE FEES	140.00	12.00	1,680.00		1,680.00
Procedure for amikacin					
IV SUPPLY	30.00	12.00 Kit	360.00		360.00
KLACID MR 500MG	12.00	7.00 Tabs	84.00		84.00
AFB SMEAR	35.00	1.00	35.00		35.00
AFB CULTURE	150.00	1.00	150.00		150.00
PROCEDURE FEES	150.00	28.00	4,200.00		4,200.00
From 11 To 31 July Procedure for Cefoxitin					
From 01 To 07 August 2018					
DRESSING	35.00	14.00	490.00		490.00
Picc Line Dressing 11,13,15,17,19,21,23,25, 27,29,31, July 2,4,6 August 2018					
CONSULTATION	200.00	1.00	200.00		200.00
SIVEXTRO 200MG	300.00	30.00 Tabs	9,000.00		9,000.00
ZITHROMAX 250MG	6.50	60.00 Tabs	390.00		390.00
CEFOXITIN 2GM	70.00	168.00 Vial	11,760.00		11,760.00
MAXOLON 5MG	0.40	20.00 Tabs	8.00		8.00
Sub-Total					33,195.00
Add GST 7.0%					2,323.65
Total Amount Payable					35,518.65
CARD Payment Received - Receipt No. 15978					35,518.65
Outstanding Balance					0.00

All Cheques should be crossed and made payable to :

INFECTIOUS DISEASES CARE PTE LTD

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

E. & O.E

**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 Centre**290 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](http://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)

30 Orchard Road #17-05/06 Paragon Singapore 238859  
Tel 6835 1000 Fax 6235 2261

Co Reg.No.: 200723619G

Invoice No.	47055
Our Reference	04060
Date	28 Jun 2018

DESCRIPTION	UNIT PRICE	QTY	NET TOTAL FEE (\$)
BENADRYL 50MG INJ	16.25	1.00 Vial	16.25
KEYTRUDA 100MG INJ Immunotherapy	8,776.00	2.00	17,552.00
XGEVA 120MG INJ	860.00	1.00 Vial	860.00
CAVIT-D3 TABLET	0.50	42.00 Tabs	21.00
N/S 500ML INF	17.25	1.00 Bott	17.25
ALBUMIN 20% INF	142.35	6.00 Bott	854.10
ELTROXIN 50MCG TABLET	0.30	100.00 Tabs	30.00
ORAL 7 MOUTHWASH 500ML	26.70	1.00 Bott	26.70
ANAREX TABLET	0.10	74.00 Tabs	7.40
SENNA 7.5MG TABLET	0.10	60.00 Tabs	6.00
DEXILANT 60MG CAPSULE	5.70	30.00 Caps	171.00
STILNOX CR BLISTER 6.25MG TAB	1.30	14.00 Tabs	18.20
CRAVIT 500MG TABLET	9.30	7.00 Tabs	65.10
TELFAS 180MG TABLET	1.40	21.00 Tabs	29.40
AKYNZEO 300MG/0.5MG CAPSULE	205.00	3.00 Caps	615.00
PHYSIOGEL CR AI LIPID BALM 2S	48.00	2.00 Tube	96.00
MEKINIST 2MG TABLET	328.50	14.00 Tabs	4,599.00
CAVIT-D3 TABLET	0.50	50.00 Tabs	25.00
REPEAT CONSULT	73.00	1.00	73.00
PORT NEEDLE INSERTION/FLUSHING	112.00	1.00	112.00
PORT NEEDLE REMOVAL	84.00	1.00	84.00
CHEMOTHERAPY < 2HRS	224.00	1.00	224.00
HYDRATION (PER HOUR BLOCK)	180.00	2.00	360.00
CONSUMABLE PKG 1	153.00	1.00	153.00
HEPARIN 1000IU/ML INJ	17.25	1.00 Amp	17.25
VOLUMETRIC SET FOR INFUSION	27.10	2.00 Unit	54.20
FULL BLD COUNT, RENAL & LIVER FC02+RF05+LVA	82.00	1.00	82.00
FREE T4 + TSH	32.00	1.00	32.00
CALCIUM	8.00	1.00	8.00
POTASSIUM CHLORIDE 600MG	0.20	28.00 Tabs	5.60
Sub-Total			26,214.45
Add GST 7.0%			1,835.01
Rounding Adjustment			-0.01
Outstanding Balance			28,049.45

Remark : A/W NEXT VISIT

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



# Infectious Diseases Care Pte Ltd

3 MountElizabeth #12-18 Mount Elizabeth Medical Centre Singapore 228510  
Tel: +65 6836 6968 Fax: +65 6836 6936

www.idcare.com.sg • info@idcare.com.sg • 24hr Ans Service: 65358833

Dr Asok Kurup

Specialist in Infectious Diseases

MRBS (Singapore), MMed (Internal Medicine), MRCP (UK), FAMS

Visiting Consultant, Dept of Infectious Diseases, Singapore General Hospital

GST Reg No : 201005118Z

Co Reg No : 201005118Z

## TAX INVOICE

#1  
S( )

Invoice No. : 18493  
Our Reference : 05219  
Date : 09 Oct 2018

PATIENT : (S) (F)

DESCRIPTION	UNIT PRICE	QTY	TOTAL (\$)	DISC (%)	NET TOTAL FEE (\$)
AMIKACIN 500MG	30.00	30.00 Vial	900.00		900.00
PROCEDURE FEES	140.00	15.00	2,100.00		2,100.00
For Amikacin I/v procedure					
I/V SUPPLY	30.00	15.00 Kit	450.00		450.00
CEFOXITIN 1 GM	32.00	420.00 Vial	13,440.00		13,440.00
PUMP	150.00	35.00 Unit	5,250.00		5,250.00
PROCEDURE FEES	180.00	35.00	6,300.00		6,300.00
Procedure for Cefoxitin From 5 To 30 Sept					
1 To 9 Oct 2018					
FBC, CRP, LVA, REF04, ESR-	120.00	1.00	120.00		120.00
AMIKACIN TROUGH	68.00	1.00	68.00		68.00
CONSULTATION	200.00	1.00	200.00		200.00
10 Sept 2018					
ZITHROMAX 250MG	6.50	20.00 Tabs	130.00		130.00
CLOFAZIMINE 50 MG	2.00	100.00 Caps	200.00		200.00
DRESSING	35.00	16.00	560.00		560.00
PICC Line Dressing					
SIVEXTRO 200MG	300.00	30.00 Tabs	9,000.00		9,000.00
PROCODIN SYRUP 100ML	6.00	4.00 Bott	24.00		24.00
NEXIUM 40MG	9.00	28.00 Tabs	252.00		252.00
		Sub-Total			38,994.00
		Add GST 7.0%			2,729.58
		Rounding Adjustment			-0.03
		Total Amount Payable			41,723.55
CARD Payment Received -		Receipt No. 16410			41,723.55
		Outstanding Balance			0.00

All Cheques should be crossed and made payable to :

INFECTIOUS DISEASES CARE PTE LTD

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

E. & O E

2/0 008962  
008962



**Tan Tock Seng**  
HOSPITAL

No. 11 Jalan Tan Tock Seng, Singapore 308433  
Tel: 62566011 (Main Line), 63577000 (Central Appointment Room), 65114338 (Billing Enquiries)  
Fax: 62569234 Reg No. 199003683N

The TISH Community Fund actively helps needy patients and the community through health related programs. Every donation goes a long way in making a positive impact to our patients' lives. To donate or know more about TISH Community Fund, please visit [www.tish.com.sg/tishet](http://www.tish.com.sg/tishet). Thank You.

TISH Community Fund

## TAX INVOICE

Page: 1/1

ST REG No : M2-0094564-6

ST REG No : M2-0094564-6

LK #C

SINGAPORE

x No:OP-2771327 on 21/11/2017

count: TTSW0000264871

### RESERVED ITEM(S)

thers: Non-formulary (NF)

3Omeprazole 40mg Tab

bttotal for NF

yable for NF

: No:OP-2771338 on 21/11/2017

count: TTSW0000264873

### RESERVED ITEM(S)

bsidised: Standard 1 (S1)

RACETAMOL 650MG SUPP

bttotal for S1

vernment Subsidy

vernment Subsidy For Pioneers

yable for S1 after Government Subsidy

hers: Retail Item (RET)

bttotal for RET

yable for RET

No:OP-2771451 on 21/11/2017

count: TTSW0000264873

### RESERVED ITEM(S)

sidised: Standard 2 (S2)

itanyl 12mcg/hr Patch (CD)

bttotal for S2

vernment Subsidy

vernment Subsidy For Pioneers

yable for S2 after Government Subsidy

### TAIL ITEM (S)

NSPARENT DRESSING 6X7CM 1280-01-029-J

bttotal for RETAIL ITEMS

yable for RETAIL ITEMS

TOTAL AMOUNT

Rounding Adjustment

PAYMENT: Visa

OUTSTANDING AMOUNT

ORIGINAL

TAX INVOICE : TTS8506884

DATE : 21/11/2017 17:54:24

Counter : OP, OP CASHIER

WAITING AREA 3

Cashier : suathoonyeo

Patient/Order Type/Fin.Cl: W/ILTC/SUB

Sub Band : 3 PG Ind : Y

Qty	Gross	Payable
14 TAB	\$45.64	\$45.64
	\$45.64	
		\$45.64

Patient/Order Type/Fin.Cl: W/ILTC/SUB

Sub Band : 3 PG Ind : Y

Qty	Gross	Payable
10 SUP	\$20.50	\$5.13
	\$20.50	
	-\$10.25	
	-\$5.12	
		\$5.13

1 EA	\$0.00	\$0.00
	\$0.00	
		\$0.00

Patient/Order Type/Fin.Cl: W/ILTC/SUB

Sub Band : 3 PG Ind : Y

Qty	Gross	Payable
5 PIE	\$28.95	\$7.24
	\$28.95	
	-\$14.47	
	-\$7.24	
		\$7.24

Qty	Gross	Payable
5 EA	\$3.00	\$3.00
	\$3.00	
		\$3.00

\$98.09	\$61.01
	-\$0.01
	\$61.00
	\$0.00

Sal GST For this bill at 7% is \$4.26 of which \$4.06 is absorbed by the Government.  
MEDICATIONS AND HEALTH PRODUCTS PURCHASED ARE NOT REFUNDABLE OR EXCHANGEABLE.

FOR YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:

Join to myepl online services with your SingPass at <http://www.epl.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.epl.gov.sg> > FAQ > Healthcare.

Please refer to backpage for reimbursement information for Employers and Insurers.

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18 JAN 2018

Medi-Clarity

A Member of the  
National Healthcare Group



THE ARTHRITIS &  
RHEUMATOLOGY CLINIC

**ARC | The Arthritis & Rheumatology Clinic**  
#07-45 Mount Elizabeth Novena Specialist Centre  
38 Irrawaddy Road Singapore 329563  
Tel: (65) 62507727 Fax: (65) 62507787  
Email: info@arc-clinic.com.sg  
Website: www.arc-clinic.com.sg

GST Reg No : 201330015R

Co Reg No : 53316034X

**TAX INVOICE**

#1 31 110000  
S(L )

Invoice No. : 3188  
Our Reference : 00755  
Date : 15 Dec 2016

PATIENT

DESCRIPTION	UNIT PRICE	QTY	NET TOTAL FEE (\$)
MYFORTIC 360MG	6.00	300.00 Tabs <i>dose/day 6 tabs/day</i>	1,800.00 <i>1,800.00</i>
PREDNISOLONE 5MG	0.30	180.00 Tabs <i>3 tabs/day</i>	54.00 <i>54.00</i>
VITAMIN D3 1000IU	0.30	100.00 Caps <i>2 tabs/day</i>	30.00 <i>30.00</i>
FOLLOW UP CONSULTATION	100.00	1.00	100.00
GENERAL PANEL	80.00	1.00	80.00
ERYTHROCYTE SEDIMENTATION RATE	15.00	1.00	15.00
C-REACTIVE PROTEIN	35.00	1.00	35.00
CREATINE KINASE	15.00	1.00	15.00
ANAEMIA PANEL	100.00	1.00	100.00
STILNOX CR 12.5MG	3.00	14.00 Tabs <i>1 tab/day</i>	42.00
Sub-Total			2,271.00
Add GST 7.0%			158.97
Rounding Adjustment			-0.02
Total Amount Payable			2,429.95
CARD Payment Received - Receipt No. 3066			2,429.95 <i>2,429.95</i>
Outstanding Balance			0.00

All Cheques should be crossed and made payable to :

The Arthritis & Rheumatology Clinic

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

E. & O.E.

RECEIVED

24 JAN 2017

Med Clin Regn

Original copy returned to PH.



MNG LABORATORIES

INVOICE

5424 Glenridge Drive  
Atlanta, Georgia 30342  
Phone: 678.225.0222 Fax: 678.225.0212

Tax ID: 47-3459045  
Date: 07/12/2018

Bill To:

Sam Li

601A Serangoon Road (CT:075)

Singapore

+65 3329 3889

Ro...@gmail.com

Date of Collection	Patient	Description	Price
05/16/2018	DOB: 12/21/2016	(WES001) MNG Exome Trio Sequencing + mtDNA CPT: 81415, 81416, 81460	\$4,400.00
		Payment Received 5/29/2018	(\$4,400.00)
		Balance Due:	\$0.00

RECEIVED

06 AUG 2018

Med Clin Regn



**ADVANCED MEDICINE IMAGING**  
1 Blipollis Drive Amnlos  
#01-02/03 Singapore 138622  
Tel: 6708 7888 Fax: 6708 7899  
Website: www.advancedmedicine.sg



**ADVANCED MEDICINE  
IMAGING**

GST Reg No : 201723502H

Co Reg No : 201723502H

**TAX INVOICE**

DR ALVIN WONG  
LVL 8 NUH, DEPT OF HAEMATOLOGY/ONCO  
SQ

Invoice No. : 827  
Our Reference : 00850  
Date : 25 Oct 2018

PATIENT : 1 (SC - LA)

DESCRIPTION	UNIT PRICE	QTY	FEE (\$)
NMD: GALLIUM PSMA	3000.00	1.00	3,000.00
REF: DR WONG SENG CHEONG ALVIN	0.00	1.00	0.00
Sub-Total			3,000.00
Add GST 7.0%			210.00
Total Amount Payable			3,210.00
CARD VISA Payment Received - Receipt No. 415			3,210.00
Outstanding Balance			0.00

Remark : CHRIS

All Cheques should be crossed and made payable to :  
**ADVANCED MEDICINE IMAGING PTE LTD**

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

