



LGUAEPAT
UAE - Health Office

LETTER OF GUARANTEE (LOG)

Patient's Name	
Date of Birth	2015
Patient Ref. Number	
Facility	KK Women's and Children's
Diagnosis	Leigh's Syndrome with Refractory Epilepsy and Dystonic Quadriplegia/ Ordering of 1 Month of Stiripentol (re: Epilepsy)/ Three (3) Months Closing Medications as per Prescription dated 10/02/2020
Clinic	
Validity Period	13 th February 2020

Mr Matar Hassan Alldhazimi
Health Office, UAE Embassy

By signing this (LOG), the Health Office of the UAE Embassy accepts to bear the costs of the medical expenses incurred while treating the above-mentioned patient in accordance to the following terms and conditions:

1. This (LOG) is valid only for the above-mentioned facility and/or clinic for the specified diagnosis during the stated period. (Note: For inpatient admission, only single-bedded room will be sponsored by the Health Office.)
2. The following will require a separate LOG from the Health Office:
 - 2.1 All non-urgent referrals for consultations, investigations and treatment to specialties and/or facilities other than that specified above.
Note: For urgent referrals requiring immediate attention and treatment, the Health Office shall be notified within THREE (3) working days.
 - 2.2 Accident & Emergency Treatment
 - 2.3 Elective surgeries, including consent with financial counselling form signed by patient/relative
 - 2.4 Specialised investigations other than routine examinations. Quotations for specialised investigations should be appended to the LOG.
 - 2.5 Purchase of ANY dental, medical, surgical and/or rehabilitation equipment, (including surgical implants and costs, but notwithstanding) EXCEPT surgical care equipment i.e. compression stockings, abdominal binder, splints & spirometer (entitlement of ONE (1) unit only).
 - 2.6 Dispensed closing medications related to the main diagnosis/treatment for a MAXIMUM of 3 MONTHS and/or chronic medications for a MAXIMUM of 1 MONTH only.
 - 2.7 Cosmetic & dental procedures unless otherwise specified. All dental treatments will be considered as outpatient visit and requires a quotation.
3. Top-up of pre-existing medications during treatment (with attached doctors' prescription/medication list) shall be for a maximum one month ONLY.
4. Last appointment should be IMMEDIATELY REPORTED by email to the Health Office regardless of any pending requests for additional treatments not related to the main diagnosis/treatment.
5. All completed medical reports, discharge summaries, test results & lists of scheduled appointments should be sent via email to the Medical Advisor In-Charge and addressed to UAE Embassy (Health Office) accordingly. Submission of complete medical reports to the Health Office shall not be later than thirty (30) days from the date of the visit.
6. All LOGs and Extensions of LOGs must be attached to all the original invoices, including third party invoices approved by the Accounts Department, upon submission to the Health Office.
7. Patient's Reference Number (both Hospital & Health Office) must be indicated in ALL original invoices.
8. All original invoices should include the breakdown of charges such as doctor's fees/laboratory tests/procedures/medications with attached doctors' prescription/medical supplies &/or hospital facilities, etc. All miscellaneous and generic terminologies shall be clarified otherwise these will not be processed for payment. For surgical procedures, the Code of the Table of Surgical Procedure should be reflected in the corresponding invoices.
9. Only original or certified true copy of invoices with valid LOGs will be processed for payment within ninety (90) days from the date of receipt.
10. For any enquiries, please contact the Finance Department and/or Medical Advisor In-Charge at 6341 7444.
11. UAEHO reserves the right to process only official transactions and valid invoices but not relating to undisputed costs incurred and fees earned on any unofficial agreement made among by the doctors/hospitals or external parties. The terms and conditions can be subject to changes and are written solely as an expression of intent and non-binding. This is to facilitate discussions regarding general areas of concern to establish mutual cooperation and understanding.
12. Kindly address all original invoices to UAE Embassy Health Office and mail to the following address:
c/o: Accounts Department
Embassy of the United Arab Emirates (Health Office)
600 North Bridge Road #14-06
Parkview Square
Singapore 188778



KK Women's and
Children's Hospital
SingHealth

Tel: +65 6394 1209
Fax: +65 6394 1295
KK Womens and Childrens Hospital
100 Bukit Timah Road, 229899
<http://www.kkh.com.sg>
Reg No: 198904227G

Department of Document Management Services

Medical Reports Unit

Tel No: +65 6394 1209

Fax No: +65 6394 1295

Reg No: 198904227G

Date : 27-02-2020

MR MATAR HASSAN ALKHAZAIMI
EMBASSY OF UNITED ARAB EMIRATES (UAE)
HEALTH OFFICE,
600 NORTH BRIDGE ROAD
#14-06 PARKVIEW SQUARE,
SINGAPORE 188778

Dear Sir/Madam,

PATIENT'S NAME :

HOSP REG NO :

We refer to your application for :

SPECIALIST MEDICAL REPORT (WRITTEN)

We are pleased to forward the completed report to you.

Thank you.

Yours faithfully

FADILAH BINTE MASIURI

Medical Reports Unit

Department of Document Management Services

This is a computer-generated document. No signature required.



LGUAEPAT
UAE - Health Office

LETTER OF GUARANTEE (LOG)

Patient's Name	
Date of Birth	2015
Patient Ref. Number	
Facility	KK Women's and Children's Hospital
Diagnosis	Leigh's Syndrome with Refractory Epilepsy and Dystonic Quadriplegia
Clinic	1) Respiratory Evaluation (re: Desaturation with Hypercarbia)/ Internal Approval 2) Ophthalmology Evaluation (re: Bilateral Eye Exposure Keratopathy)/ Internal Approval
Validity Period	From 9 th December 2019 To 14 th February 2020 (Inpatient Period)

Mr Matar Hassan Alkhazmi
Health Office, UAE Embassy

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- The following will require a separate LOG from the Health Office:
 - All non-urgent referrals for consultations, investigations and treatment to specialists and/or facilities other than that specified above.
Note: For urgent referrals requiring immediate attention and treatment, the Health Office shall be notified within THREE (3) working days.
 - Accident & Emergency Treatment
 - Elective surgeries, including consent with financial counselling form signed by patient/relative
 - Specialised investigations other than routine examinations. Quotations for specialised investigations should be appended to the LOG.
 - Purchase of ANY dental, medical, surgical and/or rehabilitation equipment, (including surgical implants and costs, but notwithstanding) EXCEPT surgical care equipment i.e. compression stockings, abdominal binder, splints & sphygmometer (entitlement of ONE (1) unit only).
 - Dispensed closing medications related to the main diagnosis/treatment for a MAXIMUM of 3 MONTHS and/or chronic medications for a MAXIMUM of 1 MONTH only.
 - Cosmetic & dental procedures unless otherwise specified. *All dental treatments will be considered as outpatient visit and requires a quotation.*
- Top-up of pre-existing medications during treatment (with attached doctors' prescription/medication list) shall be for a maximum one month ONLY.
- Last appointment should be IMMEDIATELY REPORTED by email to the Health Office regardless of any pending requests for additional treatments not related to the main diagnosis/treatment.
- All completed medical reports, discharge summaries, test results & lists of scheduled appointments should be sent via email to the Medical Advisor In-Charge and addressed to UAE Embassy (Health Office) accordingly. Submission of complete medical reports to the Health Office shall not be later than thirty (30) days from the date of the visit.
- All LOGs and Extensions of LOGs must be attached to all the original invoices, including third party Invoices approved by the Accounts Department, upon submission to the Health Office.
- Patient's Reference Number (both Hospital & Health Office) must be indicated in ALL original invoices.
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- Only original or certified true copy of invoices with valid LOGs will be processed for payment within ninety (90) days from the date of receipt.
- For any enquiries, please contact the Finance Department and/or Medical Advisor In-Charge at 6341 7444.
- UAEHO reserves the right to process only official transactions and valid invoices but not relating to undisputed costs incurred and fees earned on any unofficial agreement made among by the doctors/hospitals or external parties. The terms and conditions can be subject to changes and are written solely as an expression of intent and non-binding. This is to facilitate discussions regarding general areas of concern to establish mutual cooperation and understanding.
- Kindly address all original invoices to UAE Embassy Health Office and mail to the following address:
c/o Accounts Department
Embassy of the United Arab Emirates (Health Office)
600 North Bridge Road #14-06
Parkview Square
Singapore 188778



LGUAEPAT
UAE - Health Office

LETTER OF GUARANTEE (LOG)

Patient's Name				
Date of Birth	/2015			
Patient Ref. Number				
Facility	KK Women's and Children's Hospital			
Diagnosis	Leigh's Syndrome with Refractory Epilepsy and Dystonic Quadriplegia s/p Gastrostomy and Fundoplication (18/04/19), on Ketogenic Diet, for Vagus Nerve Stimulator Implantation (14/10/19); on Neurorehabilitation			
Clinic				
Validity Period	From	26 th November 2019	To	16 th December 2019

Mr Matar Hassan Alkhzaimi
Health Office, UAE Embassy

By signing this (LOG), the Health Office of the UAE Embassy accepts to bear the costs of the medical expenses incurred while treating the above-mentioned patient in accordance to the following terms and conditions:

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 - Accident & Emergency Treatment
 - Elective surgeries, including consent with financial counselling form signed by patient/relative
 - Specialised investigations other than routine examinations. Quotations for specialised investigations should be appended to the LOG.
 - Purchase of ANY dental, medical, surgical and/or rehabilitation equipment, (including surgical implants and casts, but notwithstanding) EXCEPT surgical care equipment i.e. compression stockings, abdominal binder, splints & sphygmometer (equipment of ONE (1) unit only).
 - Dispensed closing medications related to the main diagnosis/treatment for a MAXIMUM of 3 MONTHS and/or chronic medications for a MAXIMUM of 1 MONTH only.
 - Cosmetic & dental procedures unless otherwise specified. All dental treatments will be considered as outpatient visit and requires a quotation.
- Top-up of pre-existing medications during treatment (with attached doctors' prescription/medication list) shall be for a maximum one month ONLY.
- Last appointment should be IMMEDIATELY REPORTED by email to the Health Office regardless of any pending requests for additional treatments not related to the main diagnosis/treatment.
- All completed medical reports, discharge summaries, test results & lists of scheduled appointments should be sent via email to the Medical Advisor In-Charge and addressed to UAE Embassy (Health Office) accordingly. Submission of complete medical reports to the Health Office shall not be later than thirty (30) days from the date of the report.
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Singapore 188778



LETTER OF GUARANTEE (LOG)

Patient's Name	
Date of Birth	2015
Patient Ref. Number	
Facility	KK Women's and Children's Hospital
Diagnosis	Leigh's Syndrome with Refractory Epilepsy and Dystonic Quadriplegia s/p Gastrostomy and Fundoplication (18/04/19), on Ketogenic Diet, for Vagus Nerve Stimulator Implantation (14/10/19); on Neurorehabilitation
Clinic	
Validity Period	From 17 th December 2019 To 31 st December 2019

Mr Matar Hassan Alkhazmi
Health Office, UAE Embassy

By signing this (LOG), the Health Office of the UAE Embassy accepts to bear the costs of the medical expenses incurred while treating the above-mentioned patient in accordance to the following terms and conditions:

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- All completed medical reports, discharge summaries, test results & lists of scheduled appointments should be sent via email to the Medical Advisor In-Charge and addressed to UAE Embassy (Health Office) accordingly. Submission of complete medical reports to the Health Office shall not be later than thirty (30) days from the date of the report.
- ALL LOGs and Extensions of LOGs must be attached to all the original invoices, including third party invoices approved by the Accounts Department, upon submission to the Health Office.
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Singapore 188778

Parkview Square/600 North Bridge Road, #14-06 Singapore 188778



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LETTER OF GUARANTEE (LOG)

Patient's Name	
Date of Birth	2015
Patient Ref. Number	
Facility	KK Women's and Children's Hospital
Diagnosis	Leigh's Syndrome with Refractory Epilepsy and Dystonic Quadriplegia s/p Gastrostomy and Fundoplication (18/04/19), on Ketogenic Diet, s/p Vagus Nerve Stimulator Implantation (14/10/19); on Neurorehabilitation
Clinic	1) Bilateral Solid Ankle Foot Orthosis (AFOs) worth S\$ 2150.49 Only/ Approval 2) Orthotics Evaluation (re: AFOs Fitting)/ Internal Approval
Validity Period	2 nd December 2019

Mr Matar Hassan Alkhazimi
Health Office, UAE Embassy

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