1 January 2016 (Date LOG issued)

The Business Office

**«Accounts\_Hospital\_admitted»**

Address of hospital (Hospital Address)

Dear Sirs/Mdm

|  |  |
| --- | --- |
| **PATIENT:** | «Accounts\_Accounts\_Name» |
| **DOB:** | «Accounts\_Date\_of\_birth» |
| **ADMISSION:** | «Accounts\_Date\_of\_admission» |
| **ATTENDING DOCTOR:** | «Accounts\_Doctor» |
| **DIAGNOSIS/PROCEDURE:** | XXXXX (Diagnosis that this LOG covers, it can be more than 1 diagnosis) |

Ulink Assist Pte Ltd hereby undertakes to pay the medical and hospitalization expenses incurred by the above-named patient during the subject admission as per following terms:

* Coverage is for \*Lowest Standard Single, Double, 4-bedded, 6-bedded (delete accordingly) Room
* Amount covered is up to SGD XXXX (Amount of the LOG you want to cover) only
* \*Patient will have to pay the policy excess of SGD XXXX. Kindly collect from the patient. (Please delete if not related to admission)
* \*Patient will have a co-insurance of XX%. Kindly collect from the patient. (Please delete if not related to admission)
* \*The following items are not coverable under the policy, kindly collect from the patient: (Please delete if not related to admission)

|  |  |
| --- | --- |
| Name of Medication | Cost |
| XXXX | XXXX |
| Total | XXXX |

* Coverage is for above diagnosis only. Any change of diagnosis or further extension of coverage requires separate approval, kindly provide us an up-to-date medical report and hospital expenses (including doctor’s fee).

Non-medical expenses such as video rental, medical aids eg: crutches / lumbar corset / neck brace; additional meals; lodger’s accommodation/meals; OTC drugs; telephone costs; incidentals eg: tissue and wet wipes / cup with lid used in ICU; and follow-up outpatient treatment are not guaranteed under this letter.

Please obtain a credit card imprint from the patient for the non-covered charges.

**Kindly send us the following for payment upon discharge of the patient:**

1. **Original \*Medical Report (Private Hospital) / Discharged Summary (Government Hospital) \*kindly delete accordingly**
2. **Original Summary and Detailed invoice**

(Please note that any charge for Medical Report is not included in this guarantee)

**Please note that timely settlement of the patient's invoice is conditioned upon Ulink Assist receiving the invoice within two (2) weeks of the date of appointment or discharge.**

Thank you for your co-operation and assistance.

Chien-Wei Tan

Manager