

ROYCE DENTAL SURGERY

BLK 328 Clementi Ave 2 #01-206 Singapore 120328
T: 67743586 E: clementi@roycedental.com.sg
GST and Co Reg No: 201009854N



XIANG SHANG - S9677458C
332 CLEMENTI AVENUE 2 #11-116
HDB-CLEMENTI
SINGAPORE 120332

Invoice #CL-104419
Date 25/08/2020
Ref No 49438

Tax Invoice

Item	Qty	Unit Cost	Sub Total
Fixed Braces Downpayment	1	\$1,121.50	\$1,121.50
CURAPROX ORTHO KIT	1	\$15.00	\$15.00
ORTHO WAX	1	\$5.00	\$5.00
Sub-Total:			\$1,141.50
GST 7%:			\$79.91
Adjustment:			(\$0.01)
Total:			\$1,221.40

Visa	\$1,221.40	25 Aug 20
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Outstanding Balance: \$0.00

The medical bill should include a printed note, "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.

REIMBURSEMENTS 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 reimbursement to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan."



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328 CLEMENTI AVENUE 2
#01-206
120328

Date/Time : 25/08/2020 17:43:30
MERCHANT ID : 000000050408971
TERMINAL ID : 83000278
BATCH NUM : 000062
TRANSACTION ID : 0445253743

Sale

CARD NUM : XXXX XXXX XXXX 4920 ICC
EXP DATE : 12/18
CARD TYPE : VISA
APPR CODE : 003662
TRC NUM : 001493
REF NUM : 023816853113
TVR : 0000000000
AID : A0000000031010
APP : DBS VISA
TC : EBE1580EAG000E7

AMOUNT : SGD 1,221.40

SIGN: _____

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT

***** CUSTOMER'S COPY *****