

90 Yahun Central Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700 Reg. No. 200717564-H

ARUNKUMAR RAMAMURTHY (S8260203H) - Case No: 5719403614B

Discharge Instructions

*** Please confirm with Patient Medication List, the most updated medication list given to patients upon dispense of discharge medication ***



90 Yishun Central, Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201843429

NAME:	ARUNKUMAR	RAMAMURTHY

NRIC: S8260203H

Date

Issuing Doctor

Type of Medical Leave granted : <u>HOSPITALIZATION LEAVE</u>

The above named attended Examination/Treatment from 26-Jul-2020 21:20 to 27-Jul-2020 17:02.

The above named is unfit for duty for a period of $\underline{4}$ day(s), from $\underline{26\text{-Jul-2020}}$ to $\underline{29\text{-Jul-2020}}$ inclusive.

(is certificate is <u>not valid</u> for absence from court attendance.

Remarks:				
27 Jul 2020	Dr Gong, Xing Xing (64711Z)	A&E	1	-
Date	Issuing Doctor	Location	Doctor's Sign	nature
$h_{i+\frac{1}{2}}=e_{i+1}=e_{i+1}$			_	
#====		Tear Along Here ·	***************************************	***************************************
' Hos	o Teck Puat pital Healthcare Group	Singapor Tel: (65 Fax: (65	in Central, re 768828) 6555 8000) 6602 3700 www.ktph.com.sg	
MEDICAL C	ERTIFICATE	DUPLICATE		KH20201843429
ME : ARU NRIC : S8260	NKUMAR RAMAMURTHY 203H			K1120201643425
Type of Medica	al Leave granted : HOSPITALIZATION	N LEAVE		
	ed attended Examination/Treatment from		ul-2020 17:02.	
The above nam	ed is unfit for duty for a period of $\frac{4}{2}$ day	v(s). from <u>26-Jul-2020</u> to <u>2</u>	9-Jul-2020 inclusive.	
This certificate	is not valid for absence from court attend	dance.		
Remarks:				
27 Jul 2020	Dr Gong, Xing Xing (64711Z)	A&F	141	

Location

Doctor's Signature



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201844514

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 29 Jul 2020 12:35 to 29 Jul 2020 13:36

The above named is unfit for duty for a period of 7 day(s), from 29 Jul 2020 to 04 Aug 2020 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

29 Jul 2020

Date

Mohan, Shanmugam Bharathi (15448B)

Clinic C33

Location

Doctor's Signature

Reg No. 1200717564H



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20201844514

NAME: ARUNKUMAR RAMAMURTHY

Issuing Doctor

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 29 Jul 2020 12:35 to 29 Jul 2020 13:36

The above named is unfit for duty for a period of 7 day(s), from 29 Jul 2020 to 04 Aug 2020 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

29 Jul 2020

Mohan, Shanmugam Bharathi (15448B)

Clinic C33

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. 200717564H



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700

Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201846648

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 03 Aug 2020 14:50 to 03 Aug 2020 15:01

The above named is unfit for duty for a period of 2 day(s), from 05 Aug 2020 to 06 Aug 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks:

03 Aug 2020

Shuy, Yao Jie (64394G)

Clinic C33

Date

Issuing Doctor

Location

Doctor's Signature

Reg No.: 200717564H

Khoo Teck Puat Hospital National Healthcare Group

Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20201846648

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 03 Aug 2020 14:50 to 03 Aug 2020 15:01

The above named is unfit for duty for a period of 2 day(s), from 05 Aug 2020 to 06 Aug 2020 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

03 Aug 2020

Shuy, Yao Jie (64394G)

Clinic C33

Doctor's Signature

Date

Issuing Doctor

Location

Reg No : 200717564H



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201849540

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 06 Aug 2020 07:09 to 08 Aug 2020 12:00

The above named is unfit for duty for a period of 23 day(s), from 06 Aug 2020 to 28 Aug 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks:

120 200

08 Aug 2020

Tan, Nicole Shu Yen (P1664E)

Ward B106 - 23

Date

Issuing Doctor

Location

Doctor's Signature

KERNE



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700

Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20201849540

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 06 Aug 2020 07:09 to 08 Aug 2020 12:00

The above named is unfit for duty for a period of 23 day(s), from 06 Aug 2020 to 28 Aug 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks:

FERRE.

08 Aug 2020

Tan, Nicole Shu Yen (P1664E)

Ward B106 - 23

Doctor's Signature

Date

Issuing Doctor

Location

Reg No. : 200717564H



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201856788

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 21 Aug 2020 15:35 to 21 Aug 2020 15:55

The above named is unfit for duty for a period of 34 day(s), from 21 Aug 2020 to 23 Sep 2020 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

21 Aug 2020

Tan, Chin Hung Mark (18658I)

Clinic C33

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. 200717564H

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Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20201856788

AME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 21 Aug 2020 15:35 to 21 Aug 2020 15:55

The above named is unfit for duty for a period of 34 day(s), from 21 Aug 2020 to 23 Sep 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks:

21 Aug 2020 Tan, Chin Hung Mark (18658I)

Clinic C33

Date

Reg No | 20071756411

Issuing Doctor

Location

Doctor's Signature



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KH20201874426

NAME: ARUNKUMAR RAMAMURTHY

NRIC: \$8260203H

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 23 Sep 2020 10:12 to 23 Sep 2020 11:26

The above named is unfit for duty for a period of 10 day(s), from 23 Sep 2020 to 02 Oct 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks

Date

23 Sep 2020

Wu, ChengHan (64114F)

Issuing Doctor

Clinic C33

Location

Doctor's Signature

..... Tear Along Here



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KH20201874426

NAME: ARUNKUMAR RAMAMURTHY

NRIC: S8260203H

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 23 Sep 2020 10:12 to 23 Sep 2020 11:26

The above named is unfit for duty for a period of 10 day(s), from 23 Sep 2020 to 02 Oct 2020 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks:

23 Sep 2020 Wu, ChengHan (64114F)

Clinic C33

Date

Issuing Doctor

Location

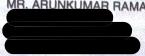
Doctor's Signature

May No. 20072 Theat?



Admiralty Medical Centre Khoo Teck Puat Hospital **Yishun Community Hospital**

MR. ARUNKUMAR RAMAMURTHY



CASE / INVOICE **ADMISSION**

5719399432H 27.07.2020

DISCHARGE LOCATION

10:59 27.07.2020 17:24

INVOICE DATE

KW23HR KW23HR24 B24

: 05.08.2020

Descri	10 May 10 10 10 10 10 10 10 10 10 10 10 10 10	2010	17200	A THE REAL PROPERTY.
LIBECTI	nrion	05	CO.M.	riaaa
mudui i	MEIGH	u	CORDII V	16,78926

Services	Amt Before Govt Grant	Amt Payable
Shortstay Room Charge Subsidised - 1 day(s)	(\$)	(\$)
Shortstay Daily Treatment Fee Subsidised - 1 day(s)	237.50	143.00
Specialised Investigations	152.00	71.00
Non Standard Medications	917.10	550.26
candard Medications	7.67	7.67
Communication (100) (200)	6.30	6.30
Total Charges		
Government Grant	1,320.57	
Gordinilan Cilan	-542.34	
Total Charges After Government Grant		
Accident & Emergency Fee		778.23
Treatment & Emergency 1 66		122.00
Total Bill Before Cents Rounding		
		900.23

Total amount payable after GST is \$954.71. GST at 7% is absorbed by the Singapore Government: \$54.48

Transaction Details of Payers

Payer ARUNKUMAR RAMAMURTHY* INTEGRATED AXA SHIELD MEDISAVE	Billed 450.23 0.00 450.00	Adjustment 0.03 0.00 0.00	0.00 0.00	Amount Due 450.20 0.00
* Self-payer Round Down = 0.03	450.00	0.00	450.00	0.00

For Information

INTEGRATED AXA SHIELD includes payout by MEDISHIELD LIFE = 0.00; AXA SHIELD ADDITIONAL COVERAGE = 0.00

Medisave A/C Holder ARUNKUMAR RAMAMURTHY [There is no payout from your shield plan as the claim is less than or equal to the deductible.]

CPF No Amt Deducted S8260203H

450.00



Admiralty Medical Centre Khoo Teck Puat Hospital Yishun Community Hospital

TO: MR. ARUNKUMAR RAMAMURTHY

Tax Invoice GST REG NO M90370246G

Case/Invoice No	Invoice Date		Please Make	Paymer	664H)
5719399432H	05.08.2020	2 97 100 200	\$450.2	00	
Bill Summary			(Kindly refer to a		ment instruction
ntient Name : ARUNKUMAR RAMAMURT atient ID : S8260203H	HY	Admission Discharge	: 27.07.2020	10:59	
escription		Discharge	. 27.07.2020	17:24	
					Amount (\$)
ustomer Bill					450.23
ess Payment/Adjustment					0.03
mount Due					450.20
ease refer to the next page for details.					
otal amount payable after GST is \$954.71.					
ST at 7% is absorbed by the Singapore Gov	rernment: \$54.48				
A&E Charges are included in this bill. Please disregard A	N&E bill for case 5719399346	A issued prior to the	nis bill.		
View Your Medisave and/or MediShield Life Cla and proceed to My Statement >> Section B >> Medisave http://www.cpf.gov.sg >> FAQ >> Healthcare.	aim Details Online - Login MediShield Life/Integrated	to mycpf online se	ervices with your Sin	nnace at 6Ma	
leimbursement Information for Employers and Insurers - Reimbi hield Plan. To make reimbursement to Medisave and MediShiel adiShield Life Reimbursement. To reimburse to an Integrated S					
		h outlay first, followed that the control of the private insurer of			
Reimbursement Information for Employers and Insurers - Reimbursement to Medisave and Medishiel adishield Life Reimbursement. To reimburse to an Integrated S	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to	h outlay first, followed that the control of the private insurer of			
CHEQUE/CREDIT CARD PAYMENT SLIP	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line	h outlay first, followed that the control of the private insurer of			
CHEQUE/CREDIT CARD PAYMENT SLIP	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line	h outlay first, followed h http://www.cpf.gov the private insurer of			
CHEQUE/CREDIT CARD PAYMENT SLIP For cheque or credit card payment, please fill in the detail PATIENT NAME: ARUNKUMAR RAMAMURTHY	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line Is below,	h outlay first, followed h http://www.cpf.gov the private insurer of			
	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line Is below, CASE NUMBER:	h outlay first, followed h http://www.cpf.gov the private insurer of			
CHEQUE/CREDIT CARD PAYMENT SLIP For cheque or credit card payment, please fill in the detail ATIENT NAME: ARUNKUMAR RAMAMURTHY ayment amount: heque Detail: (Bank)	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line Is below. CASE NUMBER: \$ Contact No:	h outlay first, followed h http://www.cpf.gov the private insurer of	I by Medisave, then Me		
CHEQUE/CREDIT CARD PAYMENT SLIP or cheque or credit card payment, please fill in the detail ATIENT NAME: ARUNKUMAR RAMAMURTHY ayment amount: heque Detail: (Bank)	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly in Please cut along this line Is below. CASE NUMBER: Contact No: (Cheque Number)	h outlay first, followed http://www.cpf.go; o the private insurer o			
CHEQUE/CREDIT CARD PAYMENT SLIP For cheque or credit card payment, please fill in the detail PATIENT NAME: ARUNKUMAR RAMAMURTHY layment amount:	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly to Please cut along this line Is below, CASE NUMBER: (Cheque Number)	h outlay first, followed http://www.cpf.go; o the private insurer o	I by Medisave, then Me		
CHEQUE/CREDIT CARD PAYMENT SLIP For cheque or credit card payment, please fill in the detail PATIENT NAME: ARUNKUMAR RAMAMURTHY layment amount: heque Detail: (Bank) redit Card No: ardholder's Name:	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly in Please cut along this line Is below. CASE NUMBER: Contact No: (Cheque Number)	h outlay first, followed http://www.cpf.go; o the private insurer o	I by Medisave, then Me		
CHEQUE/CREDIT CARD PAYMENT SLIP For cheque or credit card payment, please fill in the detail FATIENT NAME: ARUNKUMAR RAMAMURTHY ayment amount: heque Detail: (Bank) redit Card No: ardholder's Name:	ursement should be made to cas Id Life, submit through internet a Shield Plan, please pay directly in Please cut along this line Is below. CASE NUMBER: Contact No: (Cheque Number)	h outlay first, followed http://www.cpf.go; o the private insurer o	I by Medisave, then Me		



Mational Healthcare Group Polychiolog 657 Reg No: N9-3004581 V Reg No: 57976953

NOTE: ARCHONOR RANDORTON MIC: SXXXXZOR

BILL 1 (New) B111 No: 0120309591 Visit Date: 11/08/2020 10:53 Clinic: Yishun

MRSING After G		ayable Ubsidy
Dressing / STO - First Visit Dressing Pack 1	en en	21.50 2.00
Amount Payable Before Tax 7% GST	\$	23.50 1.69
Amount Payable After Tax GST Subsidy		25.15 1.65
Total Amount Payable	 \$	23.50
Payment By Credit Card	8	23.50
Government subsidy already incl the bill is \$ 21.50	uded	tn .

Total Payment By Credit Card

\$ 23.50

Terminal 1d: 47908361 Merchant Id: 168168345183 Approval Code: 006442 Date/Time: 11/08/2020 11:52:484M R Reference No: 022403021352 Invoice No: 021352 Batch No: 000628

Card Label: MASTERCARD Card No: XXXXXXXXXXXXXX7169 Expiry Date: XX/XX

Entry Type: P AID: A000000004101000 TVR: 0000008000 TC: FE5604099C0967AE

NO SIGNATURE REQUIRED

I agree to pay the above total amount according to the card issuer agreement

- · Indicates this medical service is medisave claimable 3rd party claimable Eligible for CHAS sbsidy
- + Eligible for MAF/MAF Plus subsidy
- # Eligible for PG Subsidy
- # Eligible for MG Subsidy

For bill enquiries, please call 6355 3000.

This is an official receipt.

Patient's Copy

TAX INVOICE



National Healthcare Group Polyclinics GST Reg No: M9-0004581-Y Reg No: 52929305J

Name: ARUNKUMAR RAMAMURTHY NRIC: SXXXXZO3H Reference No: YIS_SPK_006-200817103640

BILL 1 (New) Bill No: 0120318496 Visit Date: 17/08/2020 09:11 Clinic: Yishun

	Nett P Govt S	ayable Subsidy
MURSING Dressing / STO (II) Dressing Pack 1	\$	21.50 2.00
Amount Payable Before Tax 7% GST	\$	23.50
Amount Payable After Tax GST Subsidy	\$	25.15 1.65
Total Amount Payable	\$	23.50
Payment By Credit Card	*	23.50

Government subsidy already included in

Total Payment By Credit Card

the bill is \$ 21.50

\$ 23.50

Terminal Id: 47908361 Merchant Id: 168168345183 Approval Code: 008084 Date/Time: 17/08/2020 10:37:09AM R Reference No: 023002021619 Invoice No: 021619

Batch No: 000633

Card Label: MASTERCARD Expiry Date: XX/XX

Entry Type: P AID: A000000004101000 TVR: 0000008000 TC: 35948DE96C096996

NO SIGNATURE REQUIRED

I agree to pay the above total amount according to the card issuer agreement

- * Indicates this medical service is medisave claimable

- "3rd party claimable
 "Eligible for CHAS sbaidy
 + Eligible for MAF/MAF Plus subsidy
 # Eligible for PG Subsidy
 # Eligible for MG Subsidy
 # Eligible for MG Subsidy

For bill enquiries, please call 6355 3000.

This is an official receipt.



Admiralty Medical Centre Khoo Teck Puat Hospital Yishun Community Hospital

Tax Invoice GST REG NO M90370246G

INSTITUTION CASE /INVOICE : Khoo Teck Puat Hospital (UEN 200717564H)

: 5719400872F-00003

PATIENT NAME NRIC

: ARUNKUMAR RAMAMURTHY

VISIT DATE

: S8260203H

LOCATION

: 21.08.2020 14:30 : KCC33

INVOICE DATE

: 21.08.2020

Description	4-1			
	Te.	1 2		Amount (SS)
CONSULTATION AND SERVICES				
Consultation Fee: Registrar (Repeat Consultation)				
X-ray:				74.00
Radius And Ulna (Forearm)				50.00
Ward/ Clinic / Other Procedures: Stitch Removal				52.80
				26.30
		Charges before Less	Government Subsidy Government Subsidy	153.10
Charges Payable				115.8
Total Charges Payable				115.88
Total amount payable after GST is \$123.99. GST at 7% is absorbed by the Singapore Govern	ment: \$8.11			
Payer ARUNKUMAR RAMAMURTHY*	Billed	Adjustment	Payment	Amount Due

115.88

0.03

ARUNKUMAR RAMAMURTHY*

* Self-payer Round Down = 0.03

0.00

115.85



OFFICIAL RECEIPT

KHOO TECK PUAT HOSPITAL GST REGISTRATION NO : M90370246G SPECIALIST OF CLINIC LEVEL 3

RECEIPT NO : K003807971

DATE / TIME : 21.08.2020 / 16:05:04

PAYMENT RECEIVED FROM ARUNKUMAR RAMAMURTHY

PATIENT NAME

: ARUNKUMAR RAMAMURTHY

EXT PATIENT ID : S8260203H

CUSTOMER NO

: 6081476

PAYMENT DATE

PAYMENT TIME

: 21.08.2020 : 16:05:02

PAYMENT MODE

: NETS

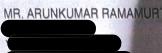
TOTAL AMOUNT PAID (SGD) : 566.05

HOSP.	CASE / VISIT NO	BILL DATE	PAYMEN	T AMOUNT
KTPH	5719399432H	05.08.2020	SGD	450.20
KTPH	5719400872F-00003	21.08.2020	SGD	115.85

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



MR. ARUNKUMAR RAMAMURTH



NETSUOZO.E03 KHOO TECK PUAT HOSP CLINIO 33 THANK YOU 111876990000 87699001 003141 REF: 0000000009432 HETS PURCHASE SAU DBS BANK

21 AUG 2020 16:04:22 003141 738139

TOTAL:

\$566.05

Tax Invoice GST REG NO M90370246G

Fotal Payment Received \$566.05

Admiralty Medical Centre Khoo Teck Puat Hospital

Yishun Community Hospital

APPROVED

Payment Date 21.08.2020

Patient Name Customer/NRIC NO : ARUNKUMAR RAMAMURTHY

: 6081476 / S8260203H

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 offering the Integrated Shield Plan, please pay directly to the private insurer of the Integrated Shield Plan.



Admiralty Medical Centre Khoo Teck Post Hospital Yuhun Community Hospital



Case/Invoice No

Tax Invoice GST REG NO M90370246G

VISIT DATE LOCATION : 23.09.2020 10:30

: KCC33

Payment Received with Thanks

This Tax Invoice is for charges incurred at Khoo Teck Puat Hospital (UEN 200717564H)

Invoice Date

5719400872F-00006	23.09.2020	raym	ent Received wi	tn rnanks
Patient Name: ARUNKUMAR RAMAMURTH	IY		Patient	ID: S8260203H
Description				Amount (S\$
CONSULTATION AND SERVICES				
Consultation Fee: Medical Officer (Repeat Consultation)				74.00
X-ray: Reque And Una (Forearm)				52.80
			Government Subsidy Government Subsidy	
Charges Payable				89.10
Total Charges Payable				89.10
Total amount payable after GST is \$95.34. GST at 7% is absorbed by the Singapore Gov	ernment: \$6.24			
Payer ARUNKUMAR RAMAMURTHY	Billed 89.10	Adjustment 0.00	Payment 89.10	Amount Due
(CASH - 23.09.2020 , RECEIPT #: K003836059)				



Admiralty Medical Centre Khoo Teck Puat Hospital Yishun Community Hospital

TO: MR ARUNKUMAR RAMAMURTHY



Tax invoice GST REG NO M90370246G

VISIT DATE

20 11 2020 14:00

KCC33

This Tax Invoice is for charges incurred at Khoo Teck Puat Hospital (UEN 200717564H)

ivoice Date	Downert Dessived with Theeles
0.11.2020	Payment Received with Thanks
	0.11.2020

Patient Name: ARUNKUMAR RAMAMURTHY Patie		nt ID: S8260203H	
Description	An	nount (SS)	
CONSULTATION AND SERVICES			
Consultation Fee: Medical Officer (Repeat Consultation)		74.00	
X-ray: Radius And Ulna (Forearm)		52.80	
	Charges before Government Subsidy Less Government Subsidy	126.80 -37.70	
Charges Payable		89.10	

Total Charges Payable	89.10

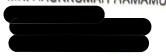
Total amount payable after GST is \$95.34.
GST at 7% is absorbed by the Singapore Government: \$6.24

Payer	Billed	Adjustment	Payment	Amount Due
ARUNKUMAR RAMAMURTHY	89.10	0.00	89.10	0,00

(CASH - 20.11.2020 , RECEIPT #: K003891899)



TO: MR. ARUNKUMAR RAMAMURTHY



Tax Invoice GST REG NO M90370246G

VISIT DATE LOCATION

: 30.12.2020 15:42

: KCC36

This Tax Invoice is for charges incurred at Khoo Teck Puat Hospital (UEN 200717564H)

Case/Invoice No	Invoice Date			
5719400872F-00011	30.12.2020	Payment Received with Thanks		Thanks
Patient Name: ARUNKUMAR RAMAMUR	THY		Patient II	D: S8260203H
Oescription			T MITOTIL TE	
				Amount (S\$)
CONSULTATION AND SERVICES				
Consultation Fee:				
Registrar (Repeat Consultation)				
(, repeat Consultation)				74.00
X-ray:				
Radius And Ulna (Forearm)))		
			,	52.80
		Charges before (Sovernment Subsidy	126.80
		Less (Sovernment Subsidy	-30.70
Charges Payable				
				96.10
Fotal Charges Payable				0640
fotal amount payable after GST is \$102.83.				96.10
GST at 7% is absorbed by the Singapore G	overnment: \$6.73			
Payer	Billed	Adlantonant		
ARUNKUMAR RAMAMURTHY	96.10	Adjustment	Payment	Amount Due
		0.00	96.10	0.00
NETS - 30.12.2020 , RECEIPT #: K003929467)			