

LETTER OF GUARANTEE BY COMPANY

Date: _____

TO: CHANGI GENERAL HOSPITAL PTE LTD

Attn: Specialist Clinic 3A-URO

Name of Patient: _____

NRIC or FIN : _____

Work Permit No: _____

We confirm that the abovenamed person is employed by us. In this respect, we undertake to pay in full All expenses incurred for his/her Day Surgery on _____ including pharmacy bills.
(date)

This undertaking is to be a continuing guarantee and our liability under it shall not be affected by your giving time or any indulgence to the abovenamed person.

All medical bills shall be settled within 30 days upon receipt of invoices.

Signed by a person duly Authorised to sign this Letter of Guarantee :

) _____
) Full Name of Authorised Person

) _____
) Designation

) _____
) _____
) _____

Name & Full Address of Company and
Company Stamp please.

Signature of Authorised Person

Tel/Hph Nos: _____ Fax No: _____