

**TAX INVOICE (Finalised)**
 BILL REF NO
 TM21087598Z0005

 BILL DATE
 09 DEC 2023

 NRIC / FIN / MRN
 S8477350F

 PATIENT NAME
 BOJJIREDDY SOUJANYA

TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	556.70	
GOVT SUBSIDY	-482.50	74.20
TOTAL AMOUNT (BEFORE GST)		5.96
8% GST		-5.96
GST absorbed by Govt (for subsidised patient only)		74.20
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		74.20

PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		74.20
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
BOJJIREDDY SOUJANYA		74.20
BOJJIREDDY SOUJANYA		TOTAL AMOUNT PAYABLE
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE
BOJJIREDDY SOUJANYA	09 DEC 2023	KIOSK VISA/MASTER
		Net Payment made

Bill Number: TM21087598Z-0005-01
 Bill Location: PCLTM
 Payment Class: PERMANENT RESIDENT
 ST: B S8477350F
 *** You are served by TAMPINES PAYMENT KIOSK
 03 ***

FINAL AMOUNT PAYABLE \$ 0.00
PAYMENT OPTIONS & ADVISORY**Payment Policy**

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.
- Please Pay by cash, NETS, or cheque upon receipt of Invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.

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For bill enquiries, please contact us at
 Tel: +65 6407 8108
<https://for.sg/askshs>

BOJJIREDDY SOUJANYA

359 TAMPINES STREET 34
#02-433
SINGAPORE 520359

TAX INVOICE (Finalised)

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BILL REF. NO.
TM21087598Z0005

BILL DATE
09 DEC 2023

NRIC / FIN / MRN
S8477350F

LOCATION
PCLTM (MED)

VISIT DATE ► 09 DEC 2023 09:13 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	556.70
GOVT SUBSIDY	\$	-482.50
TOTAL AMOUNT (BEFORE GST)	\$	74.20
8% GST	\$	5.96
GST absorbed by Govt	\$	-5.96
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	74.20
TOTAL AMOUNT PAYABLE	\$	74.20
Net Payment made	\$	-74.20
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00
FINAL AMOUNT PAYABLE

CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
CONSULTATION	CONSULTATION (1 QTY)	62.60	32.20
LABORATORY INVESTIGATIONS	HBAIC (1 QTY)		
	FBC W / INDICES (HB, WBC & DC) (1 QTY)		
	RETICULOCYTE COUNT (1 QTY)		
	K+ / NA+ / CI (1 QTY)		
	GAMMA GT (1 QTY)		
	BLOOD URIC ACID (1 QTY)		
	FREE T4 / TSH (1 QTY)	494.10	42.00
	SERUM IRON / TIBC (1 QTY)		
	SERUM FOLATE (1 QTY)		
	FERRITIN, SERUM (1 QTY)		
	LIVER FUNCTION TEST (1 QTY)		
	SHP.CVD Screening FASTING Orderset (Glu, CHO/HDL/TG/LDLc).SGH (1 QTY)		
	RENAL PANEL (CRE) WITH CKD-EPI EGFR, SERUM (1 QTY)		
	VITAMIN B12, SERUM (1 QTY)		

Charges to be continued on page 2

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