MINISTRY OF HEALTH SINGAPORE

MEDICAL CLAIMS AUTHORISATION FORM (SINGLE)

Central Provident Fund Board Singapore

A - Particulars of Patient

Name: Tan Aaa Aaa | Date of Birth: 31-09-1940 (DD-MM-YYYY)

☐ Singapore Citizen (SC)
☑ Permanent Resident (PR)
☐ Foreigner

(1) NRIC / CPF Account No: S0212345A | FIN / Passport No: N.A. (for foreigners only)

B - Particulars of the Additional Medisave Payer *(Leave blank if only Patient is using Medisave)*

Name: Tan Bbb Bbb | Date of Birth: 02-02-1971 (DD-MM-YYYY) | NRIC / CPF Account No: S7112345A

(2) The Patient is the Additional Medisave Payer's: ☐ Spouse ☐ Child ☑ Parent ☐ Grandparent (Patient must be SC/PR)

C – Purpose

(For the Patient) I would like to:

(3)
- (Y) N Check my Healthcare Information;
- (Y) N Withdraw from my Medisave;
- Y (N) Claim from my Health Insurance Policy;

(For the Additional Medisave Payer) I would like to:

(3)
- (Y) N Check my Healthcare Information;
- (Y) N Withdraw from my Medisave;

for the Patient's treatment charges incurred at: Name of Medical Institution (the "Medical Institution"):

(4a)
- Y (N) for hospitalisation[1] / day surgery / treatment period starting on / from: Date: (DD-MM-YYYY)
- (Y) N for all outpatient treatments

(4b) (a) claimable under
- Y (N) Renal dialysis
- (Y) N Flexi-Medisave
- Y (N) Cancer treatment & scans
- (Y) N Outpatient scans
- (Y) N Approved chronic diseases, vaccinations, screenings
- (Y) N Other Medisave schemes (please specify): (e.g. Assisted Conception Procedures, Anti-Retroviral Drugs)

(4c) (b) and sought
- Y (N) on: Date: (DD-MM-YYYY)
- (Y) N within the limited period[2] from: Date: 05-06-2014 (DD-MM-YYYY) to Date: 31-12-2016 (DD-MM-YYYY)
- Y (N) for an indefinite period[2], until revoked in writing, starting from: Date: (DD-MM-YYYY)

1: If the Patient authorises use of Medisave and passes away during this hospitalisation, the Patient's Medisave balance will be used to pay the last hospitalisation bill first before any withdrawal can be made from the Medisave Account of any Additional Medisave Payer(s).
2: Please inform the staff at the Medical Institution during your visit how you would like the bill to be claimed. If you do not do so, the Medical Institution may, as authorised, claim the bill in full from the Patient's and/or the Additional Medisave Payer's Medisave and Health Insurance Policy.

(5) D - Authorisation on Behalf of Patient / Additional Medisave Payer

(Please complete this part only if you are signing on behalf of the Patient or the Additional Medisave Payer.)

Name: Lim Ccc Ccc | Date of Birth: 01-01-1970 (DD-MM-YYYY) | NRIC / FIN / Passport Number: S7023456A

I am signing this form on behalf of (please tick):

☑ the Patient, because:
- ☐ I am the parent / legal guardian[3] of the Patient who is under 21 years of age.
- ☑ he/she lacks capacity[4], and I am his/her:
  - ☐ donee / deputy[5].
  - ☑ family member[6].
- ☐ he/she is deceased, and I am his/her:
  - ☐ donee / deputy[5].
  - ☐ family member[6].

☐ the Additional Medisave Payer, because:
- ☐ I am the parent / legal guardian[3] of the Additional Medisave Payer who is under 21 years of age.

3: You are lawfully appointed as a legal guardian by a court or under a will/deed.
4: A person lacks capacity as set out in Section 4 of the Mental Capacity Act (Cap. 177A) ("MCA").
5: You are acting under a Lasting Power of Attorney registered under the MCA with power to act on behalf of the Patient, or are appointed by the Court under the MCA to act on behalf of the Patient.
6: You are the spouse, child, or parent of the Patient, are 21 years old and above, and do not lack capacity.

(The section below must be completed by a doctor if the Patient lacks capacity and a doctor's certification or court order has not already been obtained.)

(6) Doctor's Certification

I certify that the Patient lacks capacity and is unable to sign this form.

Name of Doctor: Dr Lee Ddd Ddd	Doctor's MCR: XXXXXX	Clinic / Hospital Stamp: (Stamp from Certifying Doctor's Clinic / Hospital)
Doctor's Signature: *Lee Ddd Ddd*	Date of Signature (DD-MM-YYYY): 30-06-2015	

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1 For SC/PR, CPF account number is same as NRIC
For Foreigner, fill in CPF-allocated account number (if available)

2 Relationship between patient and additional payer (if any)

Relationship	Description
Spouse	Husband/wife
Child	Father/mother paying for son/daughter
Parent	Son/daughter paying for father/mother
Grandparent	Grandchild paying for grandparent

[You may be asked for proof of relationship (e.g. birth certificate, marriage certificate)]

If there is more than one Additional Medisave payer, please fill up another MCAF.

3 Select applicable options by circling 'Y', **and** circle 'N' for all other options:

Option	Description
Check my Healthcare Information	For Medical Institution to check your Medisave balance and if patient has MediShield Life / Insurance. Automatically circled 'Y' as it is needed before making any Medisave or insurance claims.
Withdraw from my Medisave	Use Medisave to pay the bill, subject to withdrawal limits and sufficient balance *Must be selected to submit Medisave claims*
Claim from my Health Insurance Policy	Use Insurance to pay the bill (only for patient because only patient's own insurance can be used) *Must be selected to submit insurance claims*

4a For outpatient:
- Circle 'N' for for hospitalisation…
- Circle 'Y' for for all outpatient treatments…

4b
- Select applicable outpatient schemes
  - Circle 'Y' for all selected schemes (e.g. Flexi-Medisave, Outpatient scans)

4c
- Select duration of outpatient authorisation (*circle 'Y' only for the option you want, and circle 'N' for all other options; all dates can be backdated*):
  - One-time claim – circle 'Y' for on… + fill in visit date
  - Claims over a defined period – circle 'Y' for within the limited period… + fill in start and end dates
  - Lifelong authorisation – circle 'Y' for for an indefinite period… + fill in start date

5 To be filled in by the following, **only if** Patient is under 21 / lacks capacity / deceased, or Additional Medisave Payer is under 21

Situation	Who can fill up / sign on behalf?
Under 21	Parent / spouse / legal guardian who is above 21 and does not lack capacity
Lacks capacity	either: i. Donee / Deputy (obtain court order or Lasting Power of Attorney), or ii. Family member (if lacking capacity, provide doctor certification or complete (6))
Deceased	A donee, deputy or an immediate family member (spouse / child / parent) or legal guardian who is above 21 and does not lack capacity

[You may be asked for proof of relationship (e.g. birth certificate, marriage certificate)]

6 Please get a doctor to certify that the patient lacks capacity. Alternatively, a doctor's memo or a court order may be attached.

Consent to Data-Sharing & Use of Healthcare Information

1. As applicable, I allow the Government of the Republic of Singapore, the Central Provident Fund Board (**"CPF Board"**), my Insurer and its appointed agencies, the Medical Institution, and healthcare professionals at any medical institution who have cared for the Patient ("the Parties") to collect, share and use my Healthcare Information (a) to facilitate the Patient's treatment, (b) for the purposes I indicated in Part C, and (c) for data analysis, evaluation, and policy-making and review by the Government and CPF Board.
2. If I have also applied to withdraw from my Medisave or claim from my Health Insurance Policy in Part C, I agree to provide any information necessary to any of the Parties in paragraph 1 to process and administer the Claims. I further understand that my Healthcare Information may be used by any of the Parties to process and administer the Claims resulting from the Patient's treatment charges, to assess and audit the Claims, and adjudicate Claims-related disputes.

Claim Authorisation

3. If I have applied to withdraw from my Medisave or claim from my Health Insurance Policy to pay for the Patient's treatment charges at the Medical Institution for the treatments indicated in Part C:
   a) I authorise CPF Board and my Insurer to do all things necessary to process and administer the Claims;
   b) I accept that the Claims will be subject to CPF Board's and my Insurer's approval, and the approved Claims amounts will depend on (i) the treatment charges submitted by the Medical Institution, (ii) my Medisave balance, (iii) the relevant Acts & Regulations, and (iv) the terms of my Health Insurance Policy, if applicable; and
4. I agree to immediately refund to my Medisave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
5. I agree that this authorisation will be valid for claims submitted (i) within 12 months after the date of signature, (ii) within 12 months after the end date indicated in Part C (for authorisations for a limited period), or (iii) by the revocation date (for authorisations covering an indefinite period), whichever is later. I acknowledge that I may have to provide further authorisation if any Claims are submitted by the Medical Institution after this authorisation expires.

General

6. I have read and understood this form fully, including the Definitions below, and I declare that the information that I have provided is accurate.

Signature / Thumbprint of Patient	Signature / Thumbprint of Additional Medisave Payer	Signature of Witness & Date of Signature
Lim Ccc Ccc	*Tan Bbb Bbb*	*Teo Eee Eee* 30-06-2015 (8)
Date of Signature (DD-MM-YYYY): 30-06-2015	Date of Signature (DD-MM-YYYY): 30-06-2015	Name of Witness: Teo Eee Eee
Interpreted by (Name & NRIC): Ang Xxx Xxx S7654321A (7)	Interpreted by (Name & NRIC): Ang Xxx Xxx S7654321A (7)	NRIC / Official Stamp: (NRIC of Witness or Official Stamp of Medical Institution)

Definitions

I understand and agree that these phrases used in this form shall have the following meanings:

a) **"Healthcare Information"** refers to the following information in relation to both the Patient and the Additional Medisave Payer:
   i) personal data (e.g. name, NRIC No, address, age, date of birth);
   ii) Medisave balance and withdrawal limits;
   iii) any other information as the Government, CPF Board, the Insurer, the Medical Institution, and healthcare professionals at any medical institution who have cared for the Patient may consider necessary for the purpose of processing, administering, assessing, and auditing the Claim;

   and additionally the following information in relation to the Patient only:
   iv) hospitalisation and bill records;
   v) medical information and information relating to **the Patient's** medical condition and treatment; and
   vi) Health Insurance Policy information (e.g. policy details, benefits, exclusions, start and end dates);

   For the avoidance of doubt, "Healthcare Information" may relate to information on both past and present matters.

b) **"Health Insurance Policy"** and the corresponding **"Insurer"** refer to the following:

Health Insurance Policy	Insurer		
MediShield & MediShield Life	Central Provident Fund Board		
Medisave-approved Integrated Plan*	NTUC Income	AIA Singapore Private Limited	Prudential Assurance Co
	Aviva Ltd	Great Eastern Life Assurance Co	
	Any other insurer as approved by the Minister of Health		

* Medisave-approved Integrated Plan refers to the Medisave-approved integrated medical insurance plan as stated in the Central Provident Fund (MediShield Scheme) Regulations and the Central Provident Fund (Private Medical Insurance Scheme) Regulations, and the attached rider plans.

c) **"Claims"** refers to all claims from the Health Insurance Policy or all withdrawals from Medisave, as authorised in Part C.

A Patient and Payer allow Government, CPF Board, Insurer, Medical Institution, and healthcare professionals (e.g. doctors) to access and share information to check and use Medisave and insurance…

- so that Medical Institutions can check patient's Medisave balance and insurance coverage
- so that CPF Board and insurers have the necessary information to process claims

B Patient and Payer allow CPF Board and Insurer to withdraw their Medisave and claim from their health Insurance policy

C Additional terms and conditions to use Medisave / Insurance:

- Payer needs to refund his Medisave or insurer if the treatment is later paid for (e.g. by employer)
- Medical Institution does not need to submit the claim immediately

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7 Only needs to be filled up if the form needs to be explained in a <u>different language</u>

Requirements of Interpreter

- Can be any other person signing the form (e.g. Additional Medisave Payer / Witness)
- 21 years old and above
- Does not lack capacity

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8 Requirements of Witness

- Different person from Patient / Additional Medisave Payer / Person signing on behalf of Patient or Additional Medisave Payer
- 21 years old and above
- Does not lack capacity
- Singapore Citizen or Permanent Resident

MINISTRY OF HEALTH SINGAPORE

MEDICAL CLAIMS AUTHORISATION FORM (MULTIPLE)

Central Provident Fund Board Singapore

I - Particulars of Account Holder & Insured (as in NRIC/other identification document)

Name: Yeo Aaa Aaa	Date of Birth: 31-09-1997 (DD-MM-YYYY)	☐ Singapore Citizen ☑ Permanent Resident ☐ Foreigner
(1) NRIC / CPF Account No: S9702345A	FIN / Passport No: N.A. (for foreigners only)	

(2) **Please also complete Part II below if you are not the Account Holder & Insured:**

II - My Details (as in NRIC/other identification document)

My Name(s): Lim Ccc Ccc	My NRIC/FIN/Passport Number(s): S7023456A

I am signing this form on behalf of the Account Holder & Insured as (please tick):

☑ **The parent / legal guardian[@] of the Account Holder & Insured who is under 21 years of age.**
- Please provide a copy of your NRIC / passport and the Account Holder & Insured's birth certificate / NRIC.
- Please note that the consent will expire once the Account Holder & Insured reaches 21 years of age.

☐ **Donee(s) acting under a Lasting Power of Attorney** registered under the Mental Capacity Act (Cap. 177A) **("MCA") with power to act on behalf of the Account Holder & Insured; or**
Deputy(s) appointed by the Court under the MCA to act on behalf of the Account Holder & Insured.
- Please provide a copy of your NRIC / passport(s) and the Registered Lasting Power of Attorney / Order of Court.
- Please check whether you may act singly or jointly with other donee(s)/deputy(s).

[@] You are lawfully appointed as a legal guardian by a court or under a will/deed.

(3) **III - Effective Date of Authorisation** (DD-MM-YYYY) 05-06-2009

Note: Please read the Definitions set out on the next page before signing this form.

1. I allow the Government of the Republic of Singapore, the Central Provident Fund Board ("CPF Board"), my Insurer and its appointed agencies, Participating Medical Institutions, and healthcare professionals at any medical institution who have cared for me to collect, share and use my Healthcare Information:
   (a) to check my Medisave and Health Insurance Policy information in order to facilitate my Claims;
   (b) to process and administer my Claims;
   (c) to assess and audit my Claims and adjudicate Claims-related disputes; and
   (d) for data analysis, evaluation and policy-making and review by the Government and CPF Board.
2. I confirm my wish to claim from my Health Insurance Policy and withdraw from my Medisave to pay for my medical treatment from the Effective Date of Authorisation onwards at Participating Medical Institutions, and I authorise CPF Board and my Insurer to do so as needed. I agree to provide any information necessary to process and administer the Claims.
3. I accept that the Participating Medical Institutions may claim from my Health Insurance Policy and from my Medisave to pay for my medical treatment charges in full, unless there are instructions by me not to do so.
4. I accept that my Claims will be subject to CPF Board's and my Insurer's approval, and the approved Claims amounts will depend on (i) the treatment charges submitted by the Participating Medical Institutions, (ii) my Medisave balance, (iii) the Acts & Regulations, and (iv) the terms of my Health Insurance Policy.
5. I agree to immediately refund to my Medisave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
6. This consent and authorisation shall remain valid until revoked in writing. I accept that any revocation of authorisation may take up to 7 working days from the date the Government (or the Government's appointed administrator) receives it to be effective.
7. I have read and understood this form fully, including the Definitions on the next page, and I declare that the information that I have provided is accurate.

Signature / Thumbprint of Account Holder & Insured	Date of Signature (DD-MM-YYYY)	Signature of Witness	Date of Signature (DD-MM-YYYY)
(4) *Lim Ccc Ccc*	30-06-2015	*Teo Eee Eee* (5)	30-06-2015
Interpreted by (Name & NRIC): Ang Xxx Xxx S7654321A		Name of Witness: Teo Eee Eee NRIC / Official Stamp: (NRIC of Witness or Official Stamp of Medical Institution)	

(1) For SC/PR, CPF account number is same as NRIC
For Foreigner, fill in CPF-allocated account number (if available)

(2) Fill in details only if:
- Account Holder and Insured is under 21 (provide copies of NRIC)
- Account Holder and Insured lacks capacity (provide court order / Lasting Power of Attorney)

(3) Can be backdated if claiming for earlier treatments
Date must be on/before date of first treatment that patient wishes to claim for

(4) Only needs to be filled up if the form needs to be explained in a different language

Requirements of Interpreter
- Can be any other person signing the form (e.g. Additional Medisave Payer / Witness)
- 21 years old and above
- Does not lack capacity

(5) Requirements of Witness
- Different person from Patient / Additional Medisave Payer / Person signing on behalf of Patient or Additional Medisave Payer
- 21 years old and above
- Does not lack capacity
- Singapore Citizen or Permanent Resident

(A) Patient allows Government, CPF Board, Insurer, Medical Institution, and healthcare professionals (e.g. doctors) to access and share information to check and use Medisave and insurance…
- so that Medical Institutions can check patient's Medisave balance and insurance coverage
- so that CPF Board and insurers have the necessary information to process claims

(B) Patient allows CPF Board and Insurer to withdraw their Medisave and claim from their health Insurance policy for treatment at participating medical institutions for current and future treatment. If patient does not wish to use Medisave or claim insurance for a particular visit or admission, he should alert the institution's staff at payment.

(C) Patient needs to refund his Medisave or insurer if the treatment is later paid for (e.g. by employer).

(D) Patient can revoke authorisation at any time.