

**DOCTORS' FEES FINANCIAL COUNSELLING FORM (To be conducted by Doctors not employed by hospital)**

A copy of this form must be given to the patient and a copy kept in the hospital/ clinic's patient medical records.

Name of Patient	NRIC / FIN No.
<b>A. Details of Hospitalisation</b>	
Name of Principal Doctor	Name of Hospital / Day Surgery Centre / Clinic
Date of Admission	Est. Length of Stay (No. of days)
Provisional Diagnosis	
Table of Surgical Procedure (TOSP) code(s) with description	

<b>B. Best Estimated Costs</b>	<b>Estimated Fee Range (S\$)</b>	<b>MOH Fee Benchmarks^ (without GST)</b>
<b>1. Total professional fees for surgery</b> Breakdown as:		
a) Primary Surgeon	.....	..... (Note: MOH fee benchmark includes fees associated with the assistant doctors and nurses brought in for the operation.)
b) Assistant Surgeon / Surgical Nurse	.....	
c) Anaesthetist fees	.....	.....
d) Other Doctor(s)	.....	.....
<b>2. Doctors' inpatient attendance fees</b>	.....	.....
<b>3. Total of other fees (please specify):</b> Breakdown as:		
a)	.....	
b)	.....	
c)	.....	
<b>4. GST (where applicable)</b>	.....	
<b>TOTAL</b>	.....	

The fee benchmarks is a reference for reasonable fee range for routine and typical cases, published by the Ministry of Health. Doctors may charge outside of the fee benchmarks with valid justification and should inform the patient and the insurer (where applicable). Insurers may use the fee benchmarks to assess if the claim is reasonable. More information can be found on [www.moh.gov.sg/billsandfees](http://www.moh.gov.sg/billsandfees).

<b>C. Acknowledgement</b>	
..... <b>Name &amp; Signature of *Doctor / Clinic Staff and Date</b>	..... <b>Name &amp; Signature of *Patient / Next-of-Kin and Date</b>

\*To delete where appropriate