

DECLARATION FORM FOR DOCTORS NOT EMPLOYED BY HOSPITAL IF THE DOCTOR DOES NOT WISH TO DECLARE HIS FEES TO THE 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.
A. Details of Hospitalisation	
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. Declaration
<p>I certify that the above patient / patient's next-of-kin (Name of next-of-kin: _____) has been provided with the following information in a financial counselling form:</p> <ol style="list-style-type: none"> 1. Total professional fees for surgery, including (if applicable), the breakdown for primary surgeon and the assistant surgeon or surgical nurse 2. Anaesthetist fees 3. Other doctors' fees 4. Doctors' inpatient attendance fees 5. The MOH fee benchmark^ for items 1 – 4 (where applicable) 6. Other fees (e.g. implants and consumables charged by the doctor) <p>A copy of the financial counselling form has been given to the patient and a copy is kept in my clinic's patient medical records.</p>

^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.

C. Acknowledgement	
<p>.....</p> <p>Name & Signature of Doctor and Date</p>	<p>.....</p> <p>Name & Signature of *Patient / Next-of-Kin and Date</p>

**To delete where appropriate*