

## **CREDIT CARD AUTHORISATION FORM**

	PATIENT DETAILS				
NI	of Dalland				
Name	of Patient				
NRIC /	Hospital Registration Number				
	Trospital registration Number				
	CREDIT CARD DETAILS				
	CREDIT CARD DETAILS				
Type o	f credit card				
∐ Visa					
Full Na	Full Name of Cardholder Name as appears on credit card:				
Credit	Card Number				
LL					
Card E	expiry Date				
M N	A/Y Y Y Y				
	CARDHOLDER'S AUTHORISATION				
l horol	by authorise Changi General Hospital to charge the following amount	for the c	alacted read	ort(c) to the	
	credit card:	ioi tile si	elected rept	ort(s) to trie	
above	ordan dara.				
Please Tick	Format of Medical Report	Fee (Incl of GST)	Admission / Visit Date	Clinical Department	
	Ordinary Medical Report / Ordinary Insurance Form	\$121			
	Ordinary Medical Report / Ordinary Insurance Form (Psychiatric)	\$232		PSY	
	Specialist Medical Report / Permanent Disability Form	\$222			
	Specialist Medical Report / Permanent Disability Form (Psychiatric)	\$475		PSY	
	Court Appointment for Deputy Report	\$485			
	Work Injury Compensation Form (Initial / Re-Assessment)	\$121			
	Work Injury Compensation Medical Board Assessment  Admin Fee for Duplication of Medical Certificate / Certified True Copy (per copy)	\$370 \$12			
	I Admin Fee for Dublication of Discharge Summary / Investigation Results / Referral letter	M40			
	Admin Fee for Duplication of Discharge Summary / Investigation Results / Referral letter *Admin fee charges may differ depending on the nature of the request	\$12			
	Admin Fee for Duplication of Discharge Summary / Investigation Results / Referral letter *Admin fee charges may differ depending on the nature of the request  Others (Please Specify):	\$12			
Total	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):				
Total a	*Admin fee charges may differ depending on the nature of the request				
Total a	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):				
Total a	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card: \$				
Total a	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card: \$				
	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card:  Signature of Cardholder  Da				
	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card: \$				
For Of	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card:  Signature of Cardholder  Da	ate			
For Of	*Admin fee charges may differ depending on the nature of the request Others (Please Specify):  amount to charge to the above credit card: \$	ate /	/		
For Of	*Admin fee charges may differ depending on the nature of the request  Others (Please Specify):  amount to charge to the above credit card:  Signature of Cardholder  Difficial Use	ate /	/		
For Of Receiv	*Admin fee charges may differ depending on the nature of the request Others (Please Specify):  amount to charge to the above credit card: \$	ate/(dat	/_ e of transac	etion)	
For Of Receiv Charge Amour	*Admin fee charges may differ depending on the nature of the request Others (Please Specify):  amount to charge to the above credit card:  Signature of Cardholder  Ficial Use  red By: Date Received:  and By: Charged On: /  The Charged: Approval Code:  Approval Code:	ate/(dat	/ e of transac	etion)	
For Of Receiv Charge Amour	*Admin fee charges may differ depending on the nature of the request Others (Please Specify):  amount to charge to the above credit card: \$	ate/(dat	/ e of transac	etion)	