

## **CREDIT CARD AUTHORISATION FORM**

PATIENT DETAILS				
Name of Dationt				
Name of Patient				
NRIC / Hospital Registration Number				
CREDIT CARD DETAILS				
Type of credit card  Visa Master Diners  Full Name of Cardholder  Name as appears on credit card:				
Credit Card Number				
Card Expiry Date  M M / Y Y Y				
CARDHOLDER'S AUTHORISATION				
I, hereby authorise Changi General Hospital to charge the following amount for the selected report(s) to the above credit card:				
Please Tick	Format of Medical Report	Fee	Admission / Visit Date	Clinical Department
	Ordinary Medical Report	\$110		
	Ordinary Medical Report (Psychiatric)	\$210		PSY
	Ordinary Insurance Form	\$110		
	Ordinary Insurance Form (Psychiatric)	\$210		PSY
	Specialist Medical Report / Permanent Disability Form	\$210		
	Specialist Medical Report / Permanent Disability Form (Psychiatric)	\$430		PSY
	Court Appointment for Deputy Report	\$460		
	Workmen Compensation Form	\$110		
	Workmen Compensation Objection Form	\$357		
	Admin Fee for Duplication of Medical Certificate (per copy)	\$10.70		
	Admin Fee for Duplication of Discharge Summary / Investigation Results / Referral Letter	\$10.70		
Total amount to charge to the above credit card: \$				
For Official Use				
Received By:Date Received:/				
Charged By: Charged On:/ (date of transaction)				
Amount Charged: Approval Code:				
Remarks:				