

Application for Express Pay

Part 1: Particulars of Patient

Name:

NRIC / Document No.:

Contact No.: Home / Office / Mobile (Please circle one)

Part 2: Particulars of the Payer (if other than patient)

Name:

Contact No.: Home / Office / Mobile (Please circle one)

Mailing Address: _____

Relationship to Patient: _____

Part 3: Mode of Payment (please circle or tick where appropriate)

Authorisation to pay via Credit Card Changes to Credit Card details

Please charge the total amount to my VISA / MASTER card with details as follows:-

Credit Card No.:

Card Expiry Date: / (MM / YY)

Cardholder's Name:

Part 4: Declaration by Payer

I hereby authorise National University Health Services Group Pte. Ltd. (formerly known as Jurong Health Services Pte Ltd) to charge the below indicated types of bills incurred by me or the above patient, to the credit card details provided. This authorisation shall remain in force until expressly revoked by me in writing.

I authorise the maximum amount for deduction per bill type as follows:-
(You may tick more than one option)

Type of Bill(s)	<input type="checkbox"/> Emergency and Outpatient Bill (Capped at \$300), or
	<input type="checkbox"/> Emergency and Outpatient Bill (As charged)
	<input type="checkbox"/> Day Surgery Bill (Capped at \$500), or
	<input type="checkbox"/> Day Surgery Bill (As charged)
	<input type="checkbox"/> Inpatient Bill (Capped at \$1,000), or
	<input type="checkbox"/> Inpatient Bill (As charged)

Signature of Payer/ Date

Signature of Witness/ Staff and Date

Name of Witness/ Staff*

Part 5: For Official Use only

Updated By: _____

Date: _____

Note: Please ensure form is fully completed. Incomplete forms will not be processed.

Thank you for choosing Express Pay as your preferred mode of payment. Submit the completed form with your signature via on the online form at <https://form.gov.sg/5f9bc36014c94b001104e324>. Alternatively you may scan the QR code to access the online form.

