Singapore General Hospital
SingHealth

APPLICATION FOR *SERVICE EXPRESS* @ SOC

PART I : PARTICULARS OF PATIENT

Name

NRIC / Passport No Contact No

PART II : PARTICULARS OF PAYER (If other than patient)

Name

NRIC / Passport No Contact No

Address

Postal Code

Relationship to Patient

PART III : MODE OF PAYMENT (Please select 1 option)

☐ **AUTHORISATION TO PAY VIA CREDIT CARD**

Please charge the total amount to my Visa/Master/Amex/Diners/JCB card with details as follows :

Name of Cardholder

Card Number Expiry

Name of Bank

☐ **AUTHORISATION TO PAY VIA GIRO**

Please charge the total amount to my bank account

IMPORTANT : Please fill up a separate Direct Debit Authorisation Form

☐ **AUTHORISATION TO CHARGE TO MY CSC**

☐ **AUTHORISATION TO CHARGE TO MY STAFF MEDICAL BENEFITS PLAN**

Institution Dept Employee No

PART IV : INSTRUCTION FOR PAYMENT (Please select 1 option)

Please charge the following Specialist Outpatient Clinic bill(s)[1] to me :

☐ for all visits under specialty _____ for the above-named patient

☐ for all Specialist Outpatient Clinic bills[1] incurred by the above-named patient

☐ others (please specify) _____

PART V : DECLARATION BY PAYER

I hereby confirm my instructions for the payment of all Specialist Outpatient Clinic bills[1] as indicated above and agree that this authorisation shall continue in force[2] until expressly revoked by me in writing :

Signature of Payer / Date

Witnessed by Clinic Staff (Name / Signature / Date)

PART VI : FOR OFFICIAL USE ONLY

Received by Clinic Staff (Name / Clinic / Date)

[1]Bill(s) refer to invoices issued by Specialist Outpatient Clinic for consultation, laboratory tests and other services rendered or to be rendered.

[2]If transaction is declined and/or credit card has expired, all outstanding invoices will be sent to the patient.