

How to complete the MediSave/MediShield Life Internet Reimbursement E-File Submission

What is this guide about?

• This guide details how you can submit internet reimbursement via the E-File service. It will provide pointers on where to download the excel template (submission file), how to fill in the necessary information, where to obtain the information required, and how to submit your completed submission file.



Part 1: Download the excel template and prepare your submission file

Step 1: Navigate to MediSave/MediShield Life Reimbursement Page on CPF Website

https://www.cpf.gov.sg/employer/services-for-business-partners/medisave-medishield-life-reimbursements

🥬 🛛 A Singapore Governr	nent Agency Website								
Central Provident Fund Board	Who we are	Tools and service	s Infohub	Employer 🗸	Login 🔒 🔍 Q				
Employer obligations	Making CPF contributions	Makir Contr	ng Voluntary ibutions	Compliance and rectifications	Corporate service buyers				
Home > Services	for business partner	s > MediSave/Me	diShield Life reimburser	ments					
Submitt	ing Med	iSave/ M	ediShield	(f) (1)					
Life reim	nbursem	ents							
Find out whether you process is like and ho	u're required to reimbo w to submit reimburs	urse employees'/insu æments.	reds' medical costs, wha	tthe					
Wh	at to consider	Order	How to submit	Resources	FAQs				
		WH	IAT TO CONSIDE	R					
	What you need to know about								
	MediS	ave/Medis	Shield Life re	imbursement	s				
	As an employer/insurer, you must reimburse your employees/insureds' MediSave and/or MediShield Life if you're contractually obliged to do so.								

Step 2: Scroll down to "2. Submission" and click on the "Download Excel file"

What t	to consider	Order	How to submit	Resources	FAQs
2. Submission 1) Scroll down to "2. Submission"	ר ן	Download and Once your reg Download the • Patient's • MediSave • MediSave • Hospital	d fill in the E-File Excel of istration is completed, yo Excel file and fill in the fi NRIC e payer's NRIC for MediSa e and/or MediShield Life a Registration Number (f	document bu can start submitting reim bllowing mandatory informa ive reimbursement amount to be refunded IRN)	bursements via E-File. ation:
		You can get th statement, and Download Exc	is information from the of d Medisave deduction no	employee's/insured's final m otification. 2) Click on the link	edical bill, CPF online

download the excel file

Step 3: Prepare information required for your submission

If you lack the required information and need to obtain them from your employee/insured, we urge you to accept <u>digital copies</u> of these documents. Please note that these documents should not be included in your submission.

Information required	Documents that will help with the submission
 Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave Payers' details MediSave/MediShield Life amount used 	1. Your employee/insured's final medical bill
 Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave/MediShield Life amount used 	 Digital copy of your employee/insured's CPF Online Statement or MediSave deduction notification

Step 4: Fill in the necessary information in the template

- After opening the excel template, you will notice that row 1 and 2 are already populated. Please do not make any changes to these rows as doing so may result in file rejection during submission.
- Row 1 indicates the column headers
- Row 2 provides more information on what you should input for each column
- For each reimbursement that you wish to submit, fill in the necessary information in each row from row 3 onwards

		A	В	С	D	E	F
		Patient Identification no	Patient Name	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt
Row 1 🕓		(if NRIC, key in as S1234567E)		(DD/MM/YYYY Format)	(\$)	(\$)	(\$)
	1	(*Mandatory field)			(*Mandatory field)	(*Mandatory field)	(*Mandatory field)
		Identification No. as per the Hospital	Name of the Patient	Patient's Admission Date as in the	Total of MediSave Refund	Total MediSave Amt in this	The MediShield Life
		Record (NRIC/UIN/PASSPORT NO)		Hospital Record. This information	Amt + MediShield Life	record to be refunded. At	Refund Amt must be
				can be found on the patient's	Refund Amt	Amt must be precent	present if there is
🛛 Row 2 🖕				Not a required field.		Antenuación present.	made to MSHL. Otherwise.
							please indicate 0.
Davy 2	2						
ROW 3	3						
	4						
	5						
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Step 5: Mandatory fields must be filled

• Columns indicating (*Mandatory field) must be filled up correctly for successful file submission:

- Patient ID (Column A)

5 6

- Total Refund Amt (Column D) = MED Refund Amt (Column E) + MSHL Refund Amt (Column F)
- MED Refund Amt (Column E) = Sum of MED payers reimbursement amt (Columns H, J, L and N)
- MSHL Refund Amt (Column F)
- Hospital Registration Number (Column R)

	A	В	С	D	E	F
	Patient Identification no	Patient Name	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt
	(if NRIC, key in as S1234567E)		(DD/MM/YYYY Format)	(\$)	(\$)	(\$)
1	(*Mandatory field)			(*Mandatory field)	(*Mandatory field)	(*Mandatory field)
	Identification No. as per the Hospital	Name of the Patient	Patient's Admission Date as in the	Total of MediSave Refund	Total MediSave Amt in this	The MediShield Life
	Record (NRIC/UIN/PASSPORT NO)		Hospital Record. This information	Amt + MediShield Life	record to be refunded. At	Refund Amt must be
			can be found on the patient's	Refund Amt	least one MediSave Refund	present if there is
			hospital bill.		Amt must be present.	reimbursement to be
			Not a required field.			made to MSHL. Otherwise,
						please indicate 0.
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1				_	_	

0	Р	Q	R
Policy Number	Claim Number	Filler	Hospital Registration Number (HRN) (*Mandatory field)
Based on your internal reference. For example, Insurance policy no. or Employment policy no.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.

Step 5 cont'd: Total Refund Amt (Column D)

- Total Refund Amt (Column D) = MED Refund Amt (Column E) + MSHL Refund Amt (Column F)
- Please do not key in excel formula otherwise your file will be rejected

	A	В	С	D	E	F
	Patient Identification no	Patient Name	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt
1	(*Mandatory field)		Denning	(*Mandatory field)	(*Mandatory field)	(*Mandatory field)
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.
2						
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Step 5 cont'd: MED Refund Amount (Column E) is the sum of all MED payers reimbursement

- Please indicate "0" if there is no reimbursement to MediSave
- MED Refund Amt (Column E) = Sum of MED Payers reimbursement amount (columns H, J, L and N)
- Please do not key in excel formula otherwise your file will be rejected

		A	В		С	D	E	F	
	Pati	ent Identification no	Patient N	lame	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt	
	(if NRIC	, key in as S1234567	'E)		(DD/MM/YYYY Format)	(\$)	(\$)	(\$)	
1	-	(*Mandatory field)				(*Mandatory field)	(*Mandatory field)	(*Mandatory field)	
	Identificati	on No. as per the Hospital	Name of the	Patient	Patient's Admission Date as in the	Total of MediSave Refund	Total MediSave Amt in this	The MediShield Life	
	Record (N	RIC/UIN/PASSPORT NO)			Hospital Record. This information	Amt + MediShield Life	record to be refunded. At	Refund Amt must be	
					can be found on the patient's	Refund Amt	least one MediSave Refund	present if there is	
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C		Payer CPF A/c (1)	Payer Refund Amt (1)	Payer CPF A/c (2) Payer Refund Amt (2) Payer CPF A/c (3) Payer Refund Ar	nt (3) Payer CPF A	/c (4) Payer Refund Amt (4)
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	1	S1234567E)		\$1234567E)		S1234567E)		\$1234567	E)
		First Paver CPE A/c No	First Paver CPE A/c No. must be	2nd Paver CPE A/c	2nd Paver Refund Amt	3rd Paver CPE A/c	3rd Paver Refund Amt	4th Payer CPE A/c	4th Paver Refund Amt
		must be present if	present if MediSave Refund	(Optional)	(Optional)	(Optional)	(Ontional)	(Ontional)	(Optional)
		MediSave Refund Amt is	Amt is not 0.	((0,000,000)	(((opinenti)	(C provide)
		not 0.							
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Interesting Fact!

Your employee/insured's medical bill could be paid by his relatives. In such a case, the reimbursement for your employee/insured should be made to his relatives' MediSave instead. Our excel template allows you to make reimbursements up to 4 distinct payers.

Step 5 cont'd: MSHL Refund Amount (Column F)

• Please indicate "0" if there is no reimbursement to your employee/insured's MediShield Life

	A	В	С	D	E	F
	Patient Identification no	Patient Name	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt
	(if NRIC, key in as S1234567E)		(DD/MM/YYYY Format)	(\$)	(\$)	(\$)
1	(*Mandatory field)			(*Mandatory field)	(*Mandatory field)	(*Mandatory field)
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0
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Key in amount, include the cents

Step 5 cont'd: Hospital Registration Number (HRN) (Column R)

- The HRN is a 13 alphanumeric characters, unique identifier of a claim.
- It can be found on some Medical Institutions' final medical bill, and your employee/insured's CPF
 Online Statement and MediSave deduction notification
- Refer to Annex for the guide to obtaining the HRN

0	Р	Q	R
Policy Number	Claim Number	Filler	Hospital Registration Number (HRN) (*Mandatory field)
Based on your internal reference. For example, Insurance policy no. or Employment policy no.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.

Step 6: MED Payers details and reimbursement amount (Columns G to N)

- If you are making reimbursements to MediSave, please key in the NRIC of the MED payers and the reimbursement amount accordingly.
- If you are **not** making any reimbursement to MediSave i.e. MED Refund Amt (Column E) is 0, columns G to N should be blank
- It is useful to note that the payer of your employee/insured's bill may not be your employee/insured. So do examine the bill carefully!

	G	Н		J	K	L	M	N
	Payer CPF A/c (1)	Payer Refund Amt (1)	Payer CPF A/c (2)	Payer Refund Amt (2)	Payer CPF A/c (3)	Payer Refund Amt (3)	Payer CPF A/c (4)	Payer Refund Amt (4)
	(if NRIC, key in as		(if NRIC, key in as		(if NRIC, key in as		(if NRIC, key in as	
1	S1234567E)		S1234567E)		S1234567E)		S1234567E)	
	First Payer CPF A/c No.	First Payer CPF A/c No. must be	2nd Payer CPF A/c	2nd Payer Refund Amt	3rd Payer CPF A/c	3rd Payer Refund Amt	4th Payer CPF A/c	4th Payer Refund Amt
	must be present if	present if MediSave Refund	(Optional)	(Optional)	(Optional)	(Optional)	(Optional)	(Optional)
	MediSave Refund Amt is	Amt is not 0.						
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	Med	liSave Paver						10
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Part 2: Saving the excel template in CSV format

Saving the excel template in CSV format

Step 1: After keying in the necessary information, click "File" on the top left hand corner

С	lick "File"					
_	5 . 6 .	MediReimbTemplate.xlsx Saved to this Performance	C → \wp Search			
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	А	В	С	D	E	F
	Patient Identification no	Patient Name	Admission-date	Total Refund Amt	MED Refund Amt	MSHL Refund Amt
1	(If NRIC, key in as S1234567E) (*Mandatory field)		(DD/MM/YYYY Format)	(\$) (*Mandatory field)	(\$) (*Mandatory field)	(\$) (*Mandatory field)
1	Identification No. as per the Hospital Record	Name of the Patient	Patient's Admission Date as in the	Total of MediSave Refund	Total MediSave Amt in this	The MediShield Life Refund
	(NRIC/UIN/PASSPORT NO)		Hospital Record. This information can be found on the patient's hospital	Amt + MediShield Life Refund Amt	record to be refunded. At least one MediSave Refund	Amt must be present if there is reimbursement to be
			bill.		Amt must be present.	made to MSHL. Otherwise,
			Not a required field.			please indicate 0.
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Saving the excel template in CSV format

Step 2: Click "Save As"



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Saving the excel template in CSV format

Step 3: After selecting your desired location to save the excel file and deciding on the "File name", select "CSV (Comma delimited)" under "Save as type" and click on "Save"

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Text (Macintosh) (*btt) Text (MS-DOS) (*btt)	
1. Select "CSV (Comma delimited)" file under "Save as type"	17



Part 3: Submitting the csv submission file

Step 1: Navigate to <u>www.cpf.gov.sg</u>. Click on "Member" and select "Employer" from the drop down list. Then click "Login"

	A Singapore Government	ent Agency Website			1. Click	"Member"	
	Central Provident Fund Board	Who we are	Tools and services	Infohub	Employer 🗸	Login 🖯 😽 3. C	lick "Login"
	Employer obligations	Making CPF contributions	2. Select "E	mployer"	Member Employer	Corporate service buyers	
0	Cha con 1 Jan	nges to o tribution n 2022	CPF rate from				0

Step 2: Select "Other Employer Services" and then "For UENregistered entities"



Step 3: Log in with Singpass





Don't have Singpass app? Download now

Step 4: Key in your company's CPF Submission Number (CSN) and click "Proceed"



Step 5: Click 'Tools and services'



Step 6: Form start page



Step 7: Submission file upload page



Step 8: Fill in your contact details



Step 9: Review your submission details



Step 10: Acknowledgement page and email

	Home > Tools and services > Forms and e-applications > Submit MediSave and MediShield Life reimbursements	Sample email acknowledgement:
Name of performance Submit MediSave and MediShield Life eimbursements Acknowledgement Werdenland Werdenland Submitsion details Submitsion details Medicate and the distribution program Name of the transaction number as your submitsion. Provide a distribution program Not can monitor your submitsion graphers via employer 'Activities'.		CPF (MediSave/MediShield Life Reimbursement) Service - File Submission Acknowledgement
Submit MediSave and MediShield Life reimbursements	NAME OF EMPLOYER/INSURER, CSN	$\begin{tabular}{ c c c c } \hline CPF \ Board \ (UAT) \ < \ NoReply_eService-ack@cpf.gov.sg> \end{tabular} \begin{tabular}{ c c c c c } \hline & \ & \ & \ & \ & \ & \ & \ & \ & \ &$
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Image: Submission details Creation and State and Sta	Acknowledgement	Please note your transaction number 3205000009961509 as you may use it later to enquire on the status of your submission.
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Transaction detail Service name Medifield Submitsed Bisse and Medifield Submisse progress Case submitted Mo Case submitted cases CCV, 2,2800 Case submitted Mo Cases Combined submitted cases CCV, 2,2800 Contact details Email employer(figmal.com.sg) • To check the transaction status and to downlead the reinbursement report, go to Activities	Submission details	WAANING- This communication is meant only for the addresses() barned above and may contain information which is confidential and/regally infulieged. If you'se not the named addresses(), of the agent recognishing for recording and defiving this communication to the means addresses(), this communication has been sent to you in error. If so, kindly notify the sender and deters the information immediately. Unauthorised dissemination, distribution, copying or reliance on this communication is prohibited and may attract criminal penalties.
Service name Service name Submits de lass Medifisials and Submission progress Cases submitted Take note of the transaction number as you will need it to enquire the status of your submission. Cotact deals E-mal employer(Bgmal.com.sg • to check the transaction status and to download the reimbursement reports, go to Activities	Transaction details	
Submission progress Cases submitted Ma Description Contact details Email employer1@gmail.com.sg • To check the transaction status and to download the reimbursement reports, go to Activities You can monitor your submission progress via employer 'Activities'.	Service name Submit MediSave and MediShield Life reimbursements	
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To check the transaction status and to download the reimbursement reports, go to Activities You can monitor your submission progress via employer 'Activities'.	Email	
29	To check the transaction status and to download the reimbursement reports, go to Activities You can mo progress via	nitor your submission employer 'Activities'.
		20



Annex: Where to obtain the Hospital Registration Number (HRN)

There are 3 sources to obtain the HRN

- Your employee/insured's final medical bill
- Your employee/insured's CPF Online Statement (MediSave and Healthcare Insurance Claims and Reimbursement Online Statement)
- Your employee/insured's MediSave deduction notification or hardcopy MediSave Transaction Statement



Please note that CPF Board does not require these documents from employers/ insurers to process the MediSave/MediShield Life reimbursement.

Should you need to request these documents from your employee/insured to obtain the HRN, we urge you to accept **digital copies** over physical documents.

Source 1: Your employee/insured's final medical bill

• The HRN can be found under "CCPS HRN" on some medical institutions' final bill.



- Your employee/insured can login to their CPF Online Statement to obtain the HRN by following these steps:
- Step 1: Log in to Healthcare dashboard (cpf.gov.sg/healthcare) under my cpf digital services. Your employee/insured will be prompted to login to the Healthcare dashboard via his/her Singpass.



• Step 2: Scroll down to "Latest healthcare payments and claims" section or select "Latest healthcare payments and claims" from the menu bar.

A Singapore Government of A Singapore Government	nment Agency website					
Central Provident Fund Board	Who we are	Tools and service	es Infohub		Member 🗸	
은 my cpf	CPF overview	Growing your savings	Retirement income	Home ownership	Healthcare financing	Account services
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- Step 3: The latest five healthcare payments and claims will be displayed here. Select the particular medical episode your employee/insured is making a claim for. Locate the HRN under "For Hospital Registration Number".
- If there are more than five medical episodes, or if your employee/insured is making a claim for a past medical episode, please proceed to click the button "View past 15 months". Please refer to the next page for sample image.

Step 3: Cont.

	Latest	t healthcare pay	ments and clai	ms	
		as at 08 Mar	2022		
¢	MediSave payment and clain For Hospital Registration Nur	ms nber Q42021A019J9E			~
	Patient name ABV NAME OF S7019586J	Hospitalisation period 14 Apr 2021 to 14 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$149.67	
Ð	MediSave payment and clain For Hospital Registration Nur	ms nber Q42021A01914I			~
	Patient name ABV NAME OF S7019586J	Hospitalisation period 13 Apr 2021 to 13 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$3,529.05	
¢)	MediSave payment and clair For Hospital Registration Nur	ms nber Q42021A0152AF			~
	Patient name ABV NAME OF S7019586J	Hospitalisation period 05 Apr 2021 to 05 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$212.00	
ð	MediSave payment and clain For Hospital Registration Nur	ms nber Q42021A0152BD			~
	Patient name ABV NAME OF S7019586J	Hospitalisation period 05 Apr 2021 to 05 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$52.08	
ð	MediSave payment and clain For Hospital Registration Nur	ms mber Q42021A012TZB			~
	Patient name ABV NAME OF S7019586J	Hospitalisation period 29 Mar 2021 to 29 Mar 2021	Medical institution NG TENG FONG GENERAL	Total bill \$39.75	

• Step 4: Select the time period in which the medical bill was incurred and click "Search".



• Step 5: The system will extract all medical episodes during the selected time period. Click on the particular medical episode your employee/insured is trying to make a claim for to view more details. Locate the HRN under "For Hospital Registration Number".



Source 3: Your employee/insured's MediSave Withdrawal Statement

• If your employee/insured received a MediSave Withdrawal Statement for his medical expenses,

the HRN can be found under "Hospital Registration No.".

MediSave With	drawals for Medical Expenses	
For Period From MediSave A	: 05 June 2020 to 11 June 2020 ccount of :	
Account No.	: SXXXX778B	
The withdrawals fr below.	om the above MediSave Account for the medical exper-	nses incurred by the patient(s) are liste
Please contact the r any unauthorised w Withdrawal Date	nedical institution if you require any clarifications regardir ithdrawals, please contact CPF Board immediately. Description of Withdrawal	ng the MediSave withdrawals. If there a Withdrawal Amount
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	nedical institution if you require any clarifications regardir ithdrawals, please contact CPF Board immediately. Description of Withdrawal	ng the MediSave withdrawals. If there a Withdrawal Amount \$ 2,788.40