



## Medical Intervention Support Scheme (MIS)

### What is MIS?

This is a subsidy of up to \$400.00 per financial year (**1 Jun – 30 Apr**) of the following year to every registered beneficiary, for their **out-of-pocket expenses\*** that is related to the child's condition, such as purchase of medical consumables or equipment, clinical consultations, TCM consultations etc. Invoices should be addressed to the beneficiary, especially so if it is a service provided for.

### \*Out-of-pocket expenses refer to:

The balance portion of the bill, due from beneficiary, after deducting Medisave/Medifund Junior or any other subsidy. This amount is then paid for by the parents in cash, by credit card or NETS/eNETS.

### How to claim?

- 1) Fill up SECTION A on PAGE 1 and PAGE 2 on the MIS application form.  
(Application form can be downloaded from RDSS official website).
- 2) With both pages of the application form filled up, please proceed to get assessor to endorse on SECTION B, PAGE 1 of the application form.
- 3) **ONLY** medical doctor, (medical) social worker from health institution/EIPIC/SPED schools, homecare personnel or palliative care personnel can be the official assessors for SECTION B. We DO NOT accept therapist's endorsement.
- 4) **MAIL** in **HARD COPY** of the endorsed MIS application form together with all the supporting documents to: **43 Hindhede Walk #07-08 Singapore 587973.**
- 5) Applicant may choose to submit the claims quarterly on **30 August, 30 November** and latest by **30 April**.
- 6) **Supporting documents** refer to:
  - Original Invoices from hospitals/clinics/therapy centres that are addressed to the child (compulsory)
  - NETS payment slip attached to the invoices
  - E-invoices will require attached screenshots and/or official receipts from vendors/service providers to prove that invoices have been fully paid for
  - Please make a **copy of your original invoices with the payment proof**, especially for the NETS payment slip. The ink FADES OFF after some time, and we will regretfully not able to accept that as a proof of payment
- 7) Application forms not properly filled up/endorsed will be *rejected*.
- 8) Claims are processed **end Sept, end Dec, end Mar and May**. Please wait for up to 2-4 weeks from each cut-off date, for the reimbursement to be made to the applicant, via the payment mode indicated on Page 2 of the application form.
- 9) Please sign on the receipt enclosed in the envelope and mail it back to us when you have received the cheque.
- 10) Remember to bank in the cheque within 6 months of the issuing date.
- 11) It is the responsibility of the legal guardians / parents to process the claim for the beneficiary.

**What can be claimed?**

Invoices/Receipts in payment for the following are accepted:

- Medication prescribed by doctor
- Medical Equipment (suction machine, ventilator, oxygenator, milk pump, milk stand, cough assist machine, pulse oximeter etc)
- Accessibility Aids (hearing aids)
- Medical Consumables (Suctioning catheters, saline, gauze, tracheostomy tubes, batteries to power hearing aids, blue sheets, syringes, feeding PEG buttons etc)
- Consumables purchased from overseas can be claimed, excludes shipping cost
- For optical and dental claims, please refer to Optical/Dental Subsidy
- For special formula claims, please refer to Special Formula Subsidy
- For therapy support claims, please refer to Therapy Support Subsidy

Please note that each beneficiary is also eligible for one of the other three other schemes RDSS has. Power For Life Program or Optical/Dental Subsidy or Special Nutrition Subsidy.

**INVOICE PAID IMMEDIATELY AFTER CONSULTATION - ACCEPTED**



Receipt shows that the amount of \$xx has been paid off via NETS.

Total due from patient is \$0.00  
Medical Intervention Support (MIS) Scheme  
Checklist Updated May 2021

**INVOICE WITH OUTSTANDING BUT PAID AT A LATER TIME - ACCEPTED**

**KK Women's and Children's Hospital**  
SingHealth

**TAX INVOICE**

PAIENT: SWEI SARAH

DESCRIPTION	CHARGES BEFORE GOVERNMENT	AMOUNT PAID
Amount payable before GST	110.34	
ADD 7% GST	7.80	
LESS GST ABSORBED BY THE GOVERNMENT	(15.00)	
<b>Total amount payable</b>	<b>103.14</b>	
<b>Payment</b>		<b>103.14</b>
SWEI SARAH	0.00	
MUSCULOSKELETAL	88.00	
ORTHODONTIC	15.14	
<b>Amount due</b>	<b>0.00</b>	
MUSCULOSKELETAL	0.00	
MUSCULOSKELETAL	0.00	
SWEI SARAH Account No.		8174

CPF No. Approved amount

Both invoices show outstanding due from Swee Sarah a total amount of (\$44.14 + \$48) \$92.14  
 Proof of payment: screenshot and the receipt emailed to the parent.

**Payment Successful!**

Please return to the merchant and check the status of payment.

Transaction Id  
**78465180-4f93-4acc-9b67-da3d9f0a0209**

Receipt No.  
**210529501113**

ENETS Ref. No.  
**20210529153107255**

Date  
**29 May 2021, 03:31 PM**

Amount  
**\$ 92.14**

**KK WOMEN'S AND CHILDREN'S HOSPITAL**  
**TAX INVOICE**

ORIGINAL

GET REG NO: M9089191N REFNO / FR / 29.05.2021 1529 hrs / Page 1 of 1

PAIENT: SWEI SARAH	Tax Invoice Number : TT1862756A0006
KKSA BERKA ROAD	Bill Ref Number : TT1862756A-0006-04
432-253	Tax Invoice Date : 29.05.2021 1050 hrs
SINGAPORE S71935	Patient REGISTRATION : T1021902E
PAIENT: SWEI SARAH	VME Date : 20.05.2021 0954 hrs
	VME / Bill Location : KKRPOC / KKRPPC / PGP
	Payment Class : SUBSIDISED
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S)
<b>CONSULTATION AND SERVICES</b>			
809000	REARIABLEXIVE SERVICES	Subtotal	109.89
	ORTHODONTIC FITTING REVIEW'S	1	109.89
	Subtotal Charges (before Government Subsidy)		109.89
	Less: Government Subsidy		(7.80)
	Subtotal Charges (after Government Subsidy)		102.09
	Total Charges Payable		48.99
<b>AMOUNT PAYABLE BEFORE TAX</b>			
	ADD: 7% GST		3.38
<b>AMOUNT PAYABLE AFTER TAX</b>			
	LESS: GST ABSORBED BY THE GOVERNMENT		(15.23)
<b>NET AMOUNT PAYABLE</b>			
	SWEI SARAH		48.99
<b>PAYMENT</b>			
	SWEI SARAH		0.00
<b>AMOUNT DUE FROM</b>			
	SWEI SARAH		48.99

ST. P: T1021902E  
 \*\*\* You are billed by SINGHAI/WHITE SARAH \*\*\*

Date	Time	Location
06.07.2021	09:10 hrs	MUSCULOSKELETAL, DENTHE (MSO)
27.07.2021	14:40 hrs	MUSCULOSKELETAL, DENTHE (MSO)
28.08.2021	09:15 hrs	DENTAL CLINIC
22.10.2021	09:00 hrs	SPINAL/ST (S)HAI K
18.11.2021	09:40 hrs	EYE CENTRE

SingHealth Payment - Official Receipt

From: [cs@singhealth.com.sg](mailto:cs@singhealth.com.sg)  
 To: [jessie.sg@weirbytel.com.sg](mailto:jessie.sg@weirbytel.com.sg)  
 Date: Saturday, 29 May 2021, 03:32 pm SGT

Dear Jessie Lee (in Email),  
 Thank you for making your payment.  
 We are pleased to advise that your payment is successful. Below is your receipt.



An online copy of the original detailed invoice is attached. You may use this for your claims, together with this official receipt.

To protect your personal information, the attachment is password protected. To open the file, please enter the FIRST 4 DIGITS of the PAYEE'S NIC. (eg. password is 1234 for N. No. 123456789).

Official Receipt

Receipt ID : 210529501113  
 Receipt Date : 29 May 2021, 03:32:06 PM  
 Payment Card No. : NA  
 Total Payment Amt. : S\$2 82.14

Payment Details

Bill for: SWEI SARAH TXXXXXXXXX  
 KK Women's and Children's Hospital  
 Tax Invoice No: TT1862756A0006

Payment Amt (GST): 48.99

Bill for: SWEI SARAH TXXXXXXXXX  
 KK Women's and Children's Hospital  
 Tax Invoice No: 7826721869

Payment Amt (GST): 48.14

(This receipt is computer-generated. No signature is required.)

ORIG If you require a 'Certified True Copy' for official medical-claims purposes, please email [ccrequest@1ha.com.sg](mailto:ccrequest@1ha.com.sg) with your full name and NIC. We shall mail to your address on our records.

Please do consider the environment before deciding on your request.

Wishing you the best of health,  
 SingHealth