

Medical Intervention Support Scheme (MIS)



What is MIS?

The Medical Intervention Support Scheme (MIS) provides a subsidy of up to **\$600.00** per financial year (1 June – 30 April of the following year) to every registered beneficiary. This subsidy covers out-of-pocket expenses* related to the child's condition, such as medical consumables, consultations, and medications.

Invoices must be addressed to the beneficiary, especially for services provided.

***Out-of-pocket** expenses refer to the balance portion of the bill, payable by the beneficiary after deducting Medisave, Medifund Junior, or any other subsidy. This amount must be paid by the parents using cash, credit card, or NETS/eNETS.

How to Claim the Subsidy

- 1) **Complete the Application Form:**
 - a. Fill out SECTION A on PAGE 1 and PAGE 2 of the MIS application form.
 - b. The application form can be downloaded from the RDSS official website.
- 2) **Obtain Endorsement:**
 - a. Submit the completed application form to an assessor for endorsement in SECTION B, PAGE 1.
 - b. Authorized assessors include:
 - Medical Doctors (including GPs)
 - Homecare / Palliative Nurses
 - RDSS Social Workers
 - c. **Note:** Endorsements from therapists are not accepted.
- 3) **Submit the Application:**
 - a. Mail a hard copy of the endorsed application form along with all supporting documents to: **Privy Box No. 920639 Singapore 929292**
- 4) **Submission Deadlines:**
 - a. All claims submitted between **June and October** will be processed for payout by **30 November**.
 - b. All claims submitted between **November and April** will be processed for payout by **31 July**.
 - c. The final submission date is **30 April**. Any original application forms received after this date **will not be processed**.
- 5) **Required Supporting Documents:**
 - a. **Original Invoices** from hospitals/clinics addressed to the child (compulsory).
 - b. **Proof of Payment** attached to the invoices (e.g., printed screenshots of PayNow or transaction records showing payment for the relevant invoice).

6) **Ensure Proper Submission:**

- a. Application forms that are incomplete or not properly endorsed will be rejected.

7) **Responsibility:**

- a. It is the legal guardians' or parents' responsibility to process the claim for the beneficiary.
- b. For **self-applications**, the child must be **21 years old or above**.

What can be claimed?

Invoices/Receipts in payment for the following are accepted:

- Doctor's consultation & Medication prescribed by doctor and services by doctor registered with MOH.
- Accessibility Aids (hearing aids, AFO, splints, braces)
- Medical Consumables (Suctioning catheters, saline, gauze, tracheostomy tubes, batteries to power hearing aids, blue sheets, syringes, feeding PEG buttons)
- Consumables purchased from overseas can be claimed, **excluding shipping cost**. (To provide proof of payment made in SGD)

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

INVOICE PAID IMMEDIATELY AFTER CONSULTATION - ACCEPTED

NETS UNIVERSITY
TAX INVOICE

National University Hospital (N) Pte Ltd
5 Lower Kent Ridge Road, Singapore 119074
Tel: (65) 6778 5555 www.nuh.com.sg
Registered Address: 11 Kent Ridge Road, Level 13,
Singapore 119228 (8th-14th Floor)

NETS
TOTAL : \$28.00

APPROVED
NETS

MRN/NRIC : XXXXX922E
CASE NO : 1514608660E-00019
VISIT DATE : 28.01.2021 11:30
LOCATION : NCMCHI
INVOICE DATE : 28.01.2021
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

Description	Amount(\$S)
CONSULTATION AND SERVICES	
Consultation Fee:	80.00
Consultation Services (SC - RV)	52.00
Subtotal Charges (before Government Subsidy)	28.00
Less: Government Subsidy	0.00
Charges Payable Less Government Subsidy	28.00
Total Amount Payable	28.00
PAYMENT:	
SWEE SARAH (NETS - 28.01.2021 , RECEIPT #: N014618090)	28.00
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM:	
SWEE SARAH	0.00

FOR INFORMATION
Total amount payable after GST is \$29.96.
Total GST for this bill at 7% is \$1.96 which is absorbed by the Government.

PAGE 1 OF 1
28/01/2021 12:55
IMPORTANT NOTE: Any party who is under a contractual obligation to reimburse the medical expenses shown on the bill, is required to refund to MedShare and MediShare Ltd OR the Singapore Social Plan. Please refer to our website for information on reimbursement to MediShare/ShareFund (Integrated Shield Plan) 1000-960001

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

Total due from patient is \$0.00

INVOICE WITH OUTSTANDING BUT PAID AT A LATER TIME - ACCEPTED

KK Women's and Children's Hospital TAX INVOICE

External ID/NRIC : T1221922E
Case number : 76207213851
Billing date : 11.03.2021

Patient : SWEE SARAH

DESCRIPTION	CHARGES BEFORE GOV'T GRANT	AMOUNT PAYABLE
Amount payable before GST		1,576.37
Add 7% GST		(110.35)
LESS GST ABSORBED BY THE GOVERNMENT		(110.35)
Total amount payable		1,576.37
Payment		0.00
SWEE SARAH		(88.73)
MEDISHIELD LIFE		(1,483.50)
MEDISAVE		
Amount due		0.00
MEDISHIELD LIFE		0.00
MEDISAVE		
SWEE SARAH: Amount due		44.14

Medisave A/C Holder 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.



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

Transaction Id
78465180-4f93-4ace-9b67-da3d9f0a0209

Receipt No.
210529S01113

ENETS Ref. No.
20210529153107255

Date
29 May 2021, 03:31 PM

Amount
\$ 92.14

KK WOMEN'S AND CHILDREN'S HOSPITAL
TAX INVOICE

GST REG NO : M90368910N KEPAY / FB / 29.05.2021 1529 hrs / Page 1 of 1

SWEE SARAH Tax Invoice Number : 7719082750A0008
Bill Ref Number : 7719082750A-0008-01
Tax Invoice Date : 20.05.2021 1050 hrs
Patient NRIC/HRN : T1221922E
Visit Date : 20.05.2021 09:54 hrs
Visit / Bill Location : KXRPOC / KXRPTC / PGP
Payment Class : SUBSIDISED
Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SERVICES			
ROF060	REHABILITATIVE SERVICES ORTHOTIC FITTING REVIEW B	1	120.00
Subtotal			120.00
Subtotal Charges (before Government Subsidy)			120.00
Less: Government Subsidy			-72.00
Subtotal Charges (after Government Subsidy)			48.00
Total Charges Payable			48.00
AMOUNT PAYABLE BEFORE TAX			48.00
ADD : 7 % GST			3.36
AMOUNT PAYABLE AFTER TAX			51.36
LESS : GST ABSORBED BY THE GOVERNMENT			-3.36
NET AMOUNT PAYABLE			48.00
SWEE SARAH			48.00
PAYMENT			
SWEE SARAH			0.00
AMOUNT DUE FROM			
SWEE SARAH			48.00

ST: P T1221922E

Date Time Location

Please attach this portion to your cheque payment

T1221922E 20.05.2021 7719082750A0008 Amt Due \$ 48.00

SingHealth Payment - Official Receipt

From: noreply@singhealth.com.sg
To: jasmine_sylvester@yahoo.com.sg
Date: Saturday, 29 May 2021, 03:31 PM

Dear Jasmine Lee Jin Zuan,
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 PATIENT'S NRIC. (eg. password is: 1234 for IC No: S1234567A).

Official Receipt

Receipt ID : 210529S01113
Receipt Date : 29 May 2021, 03:31:06 PM
Payment Card No. : NA
Total Payment Amt : SGD 92.14

Payment Details
Bill for: SWEE SARAH Tax Invoice No: 7719082750A0008
TXXX922E
KK Women's and Children's Hospital

Payment Amt (SGD): 48.00
Bill for: SWEE SARAH Tax Invoice No: 76207213851
TXXX
KK Women's and Children's Hospital

Payment Amt (SGD): 44.14

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

ONLY IF you require a 'Certified True Copy' for official medical claims purposes, please email payment@1fs.com.sg with your full name and NRIC. 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

HOSPITAL INVOICES PAYMENT MODE

PAYMENT SUMMARY			TOTAL AMOUNT (AFTER GOVT SUBSIDY)	674.80
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)		
OTHER SCHEMES				
• WAIVER OF PHARMACY COURIER CHARGES	63750; DEL 10/10/2024	8.72		
		666.08		
TOTAL AMOUNT PAYABLE			666.08	
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)	
	01 APR 2025	EPAY- CREDIT CARD	-666.08	
Net Payment made			-666.08	
FINAL AMOUNT PAYABLE			\$ 0.00	

Bill Number: 7724224425I-0003-01
 Bill Location: KXPHARM
 Payment Class: SUBSIDISED
 ST: P T1123425E
 Payer Code: WAVPHCOU
 *** You are served by NURLIYANA BINTE MOHAMAD YUNO ***

Payment mode stated from Hospitals invoices.

PAYMENT SUMMARY			TOTAL AMOUNT (AFTER GOVT SUBSIDY)	394.84
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)		
		394.84		
TOTAL AMOUNT PAYABLE			394.84	
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)	
			-394.80	
Net Payment made			394.80	
Adjustment(s)			-0.04	
FINAL AMOUNT PAYABLE			\$ 0.00	

The amount payable by patient has been rounded down to the nearest 5 cents.

If payment mode is not stated, proof of payment is required. Eg, Paynow screenshots, bank statements etc