

## 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).

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

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

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)

**INVOICE PAID IMMEDIATELY AFTER CONSULTATION - ACCEPTED**[illegible]

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**  
SingHealth

**TAX INVOICE**

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

Patient : SWEE SARAH

DESCRIPTION	CHARGES BEFORE GOVT. 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		(68.73)
MEDISHIELD LIFE		(1,463.50)
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 KEPAI / FB / 29.05.2021 1529 hrs / Page 1 of 1

Patient : 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 1054 hrs  
Visit / Bill Location : KKRPOC / KKRPTC / PGP  
Payment Class : SUBSIDISED  
Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(\$)
CONSULTATION AND SERVICES	REHABILITATIVE SERVICES	1	120.00
ROF060	ORTHOTIC FITTING REVIEW B		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		0.00
	SWEE SARAH		0.00
	AMOUNT DUE FROM		48.00
	SWEE SARAH		48.00
ST: P	T1221922E		
Date	Time	Location	
20.05.2021	10:54	KKRPOC / KKRPTC / PGP	

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  
TXXXX922E  
KK Women's and Children's Hospital

Tax Invoice No:  
7719082750A0008

Payment Amt (SGD):

48.00

Bill for:

SWEE SARAH  
TXXXX922E  
KK Women's and Children's Hospital

Tax Invoice No:  
76207213851

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](mailto: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
	01 APR 2025	EPAY- CREDIT CARD
		-666.08
		-666.08
Net Payment made		
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
		-394.80
		-394.80
Net Payment made		
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