

## Optical/Dental Subsidy (ODS)



### What is ODS?

This is a subsidy of up to \$600 for dental and \$600 for optical for families who are eligible. It is a scheme for a beneficiary to tap on for purchase of their **prescribed eyewear\*** and for their **dental care\***.

**\*Prescribed eye wear** refers to a pair of spectacles, **prescribed** by an eye doctor or optician, to correct the child's eye sight.

Beneficiaries can seek a **private dentist's** service when looking into their dental health. Submitted invoices *must* have the **beneficiary's name** as the addressee.

### How to Claim the Subsidy

- 1) **Complete the Application Form:**
  - a. Fill out SECTION A on PAGE 1 and PAGE 2 of the ODS 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.
  - d. **A copy of doctor's or optician prescription should be attached for submission**
- 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 not properly filled up/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**.

Please note that each beneficiary can claim only **ONE** of the three other schemes that RDSS has beside the Medical Intervention Program (Yearly of \$600) & TSS (Yearly of \$1800). There are the **Optical/Dental Subsidy** or **Power For Life Program** or **Special Nutrition Subsidy**.

If a beneficiary is claiming for this ODS, he/she will **NOT** be eligible for the Power For Life Program or the Special Nutrition Subsidy.

## 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
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
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