

## Medical Intervention Support Scheme (MIS)



### What is MIS?

The Medical Intervention Support Scheme (MIS) provides a subsidy to every registered beneficiary to help offset out-of-pocket expenses\* related to their rare condition, including medical consumables, consultations, and medications.

The MIS subsidy capped amount has been temporarily set as **\$900** per beneficiary for the year 2026 (Invoices dated from 1 June 2025 to 30 November 2026). And for the new financial year starting 2027, the capped amount will revert to the original amount of \$600 per year.

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 **January to June** will be processed for payout by **31 July**.
  - b. All claims submitted between **July to November** will be processed for payout no later than 31 March of the following year.
  - c. The final submission date is **November**. 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 Therapy Support Subsidy i.e. (i) Power For Life Program **or** (ii) Optical/Dental Subsidy **or** (iii) Special Formula Subsidy. VitalCare Support Scheme is the last line of funding for purchase of medical equipment/devices and is subject to approval.

**INVOICE PAID IMMEDIATELY AFTER CONSULTATION - ACCEPTED**

**NETS** UNIVERSITY TAX INVOICE

National University Hospital (NUH) Pte Ltd  
5 Lower Kent Ridge Road, Singapore 119074  
Tel: 65 6779 2255 www.nuh.com.sg  
Registered Address: 11 Kent Ridge Road, Level 13, Singapore 119226. UEN: 19050543R

NETS 3000 100 000  
BANK 11 0 000 103 000  
IBAN 290  
11231214000 09711400  
0012 02  
NETS PAY INVOICE  
DES: 0400  
28 Jan 2021 16:15:51  
0012 02 0000 00

**TOTAL : \$28.00**

APPROVED  
**NETS**

RAH  
MI

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

PLEASE PAY UPON RECEIPT OF THIS INVOICE

Description	Amount(\$S)
<b>CONSULTATION AND SERVICES</b>	
Consultation Fee:	80.00
Consultation Services (SC - RV)	52.00
Subtotal Charges (before Government Subsidy)	132.00
Less: Government Subsidy	104.00
<b>Charges Payable Less Government Subsidy</b>	<b>28.00</b>
<b>Total Amount Payable</b>	<b>28.00</b>
<b>PAYMENT:</b>	<b>28.00</b>
SWEE SARAH ( NETS - 28.01.2021 , RECEIPT #: N014618090 )	0.00
<b>TOTAL DUE AFTER PAYMENT</b>	<b>0.00</b>
<b>DUE FROM:</b>	<b>0.00</b>
SWEE SARAH	

**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.

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**

DESCRIPTION	CHARGES BEFORE GOVT. DRANT	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
<b>Payment</b>		
SWEE SARAH		0.00
MEDISHIELD LIFE		(68.73)
MEDISAVE		(1,463.50)
<b>Amount due</b>		
MEDISHIELD LIFE		0.00
MEDISAVE		0.00
<b>SWEE SARAH: Amount due</b>		<b>44.14</b>

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  
78465180-4f93-4ace-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**

ORIGINAL

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

SWEET SARAH		Tax Invoice Number : 7719082750A0008	
Patient : SWEET SARAH		Bill Ref Number : 7719082750A-0008-01	
		Tax Invoice Date : 20.05.2021 1050 hrs	
		Patient NRIC/HRN : 1	
		Visit Date : 20.05.2021 0954 hrs	
		Visit / Bill Location : KXRPOC / KXRPTC / PGP	
		Payment Class : SUBSIDISED	
		Type of Supply : Cash/Credit	

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

SingHealth Payment - Official Receipt

From: noreen@singhealth.com.sg

To: [Redacted]  
Date: Saturday, 29 May 2021, 03:32 pm SGT

Dear [Redacted]

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: SWEET SARAH      Tax Invoice No: 7719082750A0008

KK Women's and Children's Hospital

Payment Amt (SGD): 48.00

Bill for: SWEET SARAH

Tax Invoice No: 76207213851

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](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

Please attach this portion to your cheque payment

T1221922E	20.05.2021	7719082750A0008	Amt Due \$	48.00	
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## HOSPITAL INVOICES PAYMENT MODE

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

Bill Number: 77242244251-0003-01  
 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			
<b>TOTAL AMOUNT PAYABLE</b>			<b>394.84</b>		
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)		
			-394.80		
Net Payment made			-394.80		
Adjustment(s)			-0.04		
<b>FINAL AMOUNT PAYABLE</b>			<b>\$ 0.00</b>		

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