

## FIXED PRICE PACKAGE

	PACKAGES	Length of Stay Days	Room Type	Package Price (\$)			Medisave Claimable Limit (\$) (inclusive of Drs + Hosp Fees)		
				Mother	Neonate	Total	Mother	Neonate	* Delivery and Antenatal
1.	Normal / Vacuum / Forceps Delivery	2	Double	1,380.00	390.00	1,770.00	1,350.00 1,700.00	Max of 900.00	1,800.00 2,150.00 (Vacuum / Forceps)
		2	Single	1,900.00	390.00	2,290.00	(Vacuum / Forceps)		
2.	Normal / Vacuum / Forceps Delivery with Epidural	2	Double	1,660.00	390.00	2,050.00	1,350.00 1,700.00	Max of 900.00	1,800.00 2,150.00 (Vacuum / Forceps)
		2	Single	2,110.00	390.00	2,500.00	(Vacuum / Forceps)		
3.	Normal / Vacuum / Forceps Delivery with Post Partum Ligation (PPL)	2	Double	1,890.00	390.00	2,280.00	1,800.00 2,150.00	Max of 900.00	2,250.00 2,600.00 (Vacuum / Forceps)
		2	Single	2,390.00	390.00	2,780.00	(Vacuum / Forceps)		
4.	Normal / Vacuum / Forceps Delivery with Epidural with Post Partum Ligation (PPL)	2	Double	2,160.00	390.00	2,550.00	1,800.00 2,150.00	Max of 900.00	2,250.00 2,600.00 (Vacuum / Forceps)
		2	Single	2,590.00	390.00	2,980.00	(Vacuum / Forceps)		
5.	Caesarean Delivery (Elective) Epidural/GA	3	Double	2,590.00	460.00	3,050.00	2,750.00	Max of 1,350.00	3,200.00
		3	Single	3,170.00	460.00	3,630.00			
6.	Caesarean Delivery (Emergency) Epidural/GA	3	Double	3,110.00	460.00	3,570.00	2,750.00	Max of 1,350.00	3,200.00
		3	Single	3,690.00	460.00	4,150.00			

The above prices are before GST

### CLINICAL EXCLUSIONS

Antibiotics
Additional Laboratory Tests e.g. Bilirubin (Neonatal), Haemoglucose Test
Abdominal Binder
Blood Transfusion
For Semi-Elective LSCS, additional charges may be incurred in Delivery Suite before transfer to OT
Filshie Clip
X-Rays
Phototherapy
Take Home Medication
OT surcharge for Horoscope LSCS (2000hrs – 0730Hrs)
Pre-existing conditions e.g. diabetes
Other Procedures e.g. Circumcision
New Born Hearing Screen
Daily Medical / Disposable Supplies

### GENERAL EXCLUSIONS

Room Upgrade
Doctors Fees
Extra Meals
Laundry Services
IDD Calls
Lodger

### CONDITIONS FOR WHICH THE PACKAGES ARE NOT APPLICABLE

Complications e.g. Severe Post-Partum Haemorrhage, Intensive / High Dependency Care, Additional Procedures, Multiple Birth
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### NOTES:

- Applicable only if your doctor has selected the above packages and indicates it in your admission letter.
- The above listed exclusion items are not covered in the package.
- The package prices are only applicable to single and double room patients and only for the duration indicated on the package.
- The single room package will be charged for any upgrades from double to single rooms.
- The packages are applicable for cash or medisave payments only.
- The package price is payable in full as deposit upon admission.
- \* The delivery and Antenatal medisave claim require submission of original invoice of your antenatal care upon admission.
- The Management reserves the right to vary the terms & conditions and packages prices contained herein without prior notice.

**GENERAL INFORMATION FOR OBSTETRIC PATIENT****ON THE DAY OF DELIVERY**

Please proceed to Admission Counter at Level 2

**WHAT TO BRING (FOR YOUR REFERENCE)****1. DOCUMENTS**

- Pre-Admit Documents (for patient with pre-registration done)
- Doctor's Letter
- Identity Card or your Passport

**2. PACK YOUR SUITCASE TWO WEEKS IN ADVANCE**

Bring along with you the following items.

For Mother

- 2 Fitting Brassieres
- 2 Nightgowns with front openings
- 1 pair of slipper
- Toiletries

**For Baby (For going home)**

- Baby Vests
- Baby Mittens & Booties
- Wrapping Blankets

3. For Package enquiries, please call 6731 2810
4. For **Maternity Tour**, please call 6731 2000.
5. For **Ante-Natal Class**, please call 6731 2133.

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I, \_\_\_\_\_, hereby acknowledge that I have received financial information on the above package. I understand that the financial information that I have received is only an estimation of the size of the hospital bill based on the previous experience of the hospital on similar cases, and that this information is not a guarantee that the final bill will be what was estimated.

Acknowledged By : \_\_\_\_\_  
Signature & Date

Hospital Staff : \_\_\_\_\_  
Name, Signature & Date

**ESTIMATED NEONATAL HOSPITAL BILL SIZE**

Patient's Case Number : \_\_\_\_\_

Patient's Name : \_\_\_\_\_

No of Days Stay	Bill Size Estimation \$	Medisave Claimable Limit \$
2	378.95	900.00
3	435.92	1,300.00

The above bill size estimation are based on standard basic items required for the use of the newborn baby. The hospital does not warrant that the actual charges payable by the patient upon discharge would be similar to the estimation stated above, as the actual charges payable would depend on the patient's diagnosis and treatment received. Items in the **Clinical and General Exclusions** list are payable by patient.

**Medisave regulations limit the withdrawal rates.**

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Acknowledged By : \_\_\_\_\_  
Signature & Date

Hospital Staff : \_\_\_\_\_  
Name, Signature & Date

### LIST OF NEONATE ITEMS

S/N	SERVICE DESCRIPTION	2 DAYS STAY	3 DAYS STAY
		QTY	QTY
1	Nursery Well	2	3
2	Items Baby Care	1	1
3	Baby Screen	1	1
4	Set Wd, Eye Care Tray	2	3
5	Alcohol Wipes	1	1
6	Baby Wipes	1	1
7	BCG Vaccine	1	1
8	Drs Attendance – BCG Vaccine	1	1
8	Instr, Wd Scissors umb cord	1	1
9	Hepavac 11 5mcg	1	1
10	Konakion Inj 2mg	1	1