



## **Application for Express Pay**

Part 1: Particulars	ot P	atiei	ıτ																								
Name:																											
NRIC / Document N	0.:																										
Contact No.:						Hor	ne /	Offi	ce /	/ M	lobile	e (Pi	leas	se cii	rcle	on	e)										
Part 2: Particulars	of th	he Pa	aver	(if of	ther t	han	pati	ent	)																		
Name:			Ĺ	Ш													Ι	I	I								
Contact No.:						Hor	ne/	Offi	ce /	/ M	lobile	e (Pi	leas	se cii	rcle	on	e)										
Mailing Address: _																											
Relationship to Patie	ent:																										
Part 3: Mode of Pa  Authorisation  Please charge the to	to pa	ay via	Cre	dit C	ard					Ch	nang	ges	to						tail	S							
Credit Card No.:			7	, П		1	] [			T	Т	1		Т	Τ	Т	٦										
Card Expiry Date:	T	7/[	_	7	(MM	/ YY	)					J															
Cardholder's Name:	Ė		Ť	_		Т	T		Ι	Τ	Т		T	Т	Τ	1	Т	П				Т	Τ		Т	Τ	٦
Part 4: Declaration I hereby authorise N Pte Ltd) to charge th provided. This author I authorise the maxin (You may tick more)	ation ne be orisat mum	al Ur low i ion sl	ndic ndic hall r	ated ema	type in in	s of forc	bills e un	ine itil e	cur exp	rec	d by ssly	rev	e o rok	r the	e al	boʻ	ve	pa	tier	ıt, t							
			_		and (					,					00),	10	r										
Type of Bill(s)	□ Emergency and Outpatient Bill (As charged)     □ Day Surgery Bill (Capped at \$500), or     □ Day Surgery Bill (As charged)																										
	☐ Inpatient Bill (Capped at \$1,000), or ☐ Inpatient Bill (As charged)																										
Signature of Paye	er/ Da	ate	_	S	ignat	ture	of V	Vitr	nes	ss/	Stat	ff aı	nd	Dat	e			_	Na	ame	 e c	of W	/itn	iess	s/ S	tafi	pk
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Part 5: For Official Use only

Updated By: \_\_\_\_\_ Date: \_\_\_\_

Note: Please ensure form is fully completed. Incomplete forms will not be processed.

Thank you for choosing Express Pay as your preferred mode of payment. Submit the completed form with your signature via on the online form at https://form.gov.sg/5f9bc36014c94b001104e324. Alternatively you may scan the QR code to access the online form.

