



MINISTRY OF HEALTH  
SINGAPORE

MH 50:01/2-3

20 Jul 2011

Licensees of Hospitals  
Registered Medical / Dental Practitioners

Dear Licensee and Doctor

**LICENSING TERMS AND CONDITIONS ON PROVISION OF INFORMATION  
ON CHARGES AND FINANCIAL COUNSELLING**

Under the Private Hospitals and Medical Clinics Regulation 11:

*Every manager of a private hospital shall ensure that every patient be informed, on or before his admission to the private hospital, of the estimated total charges which are likely to be incurred in respect of his hospitalisation and treatment.*

2 To ensure that adequate information on fees and charges is provided to patients to allow them to make informed choices, and to clarify the duties of hospitals and doctors, the Ministry has converted the “Guidelines on Financial Counselling by Hospitals” issued on 26 April 1997 into Licensing Terms and Conditions for compliance by all licensed hospitals with effect from 1 September 2011.

3 The attached “Licensing Terms and Conditions on Provision of Information on Charges and Financial Counselling” are issued to all hospital licensees under sections 6(2)(a) and 6(5) of the Private Hospitals and Medical Clinics Act [CAP 248]. A breach of these Licensing Terms and Conditions may attract potential consequences under the Private Hospitals and Medical Clinics Act, including, but not limited to, suspension or revocation of the licence; and prosecution.

4 The financial counselling provided by the hospital should reflect the estimated total charges which include the doctors’ fees (suggested format attached as **Form A**). If the information on doctors’ fees is not available to the hospital, it is the duty of the primary / admitting doctor providing the professional services to inform the patient of the estimated doctors’ fees and document the information in a financial counselling form. A copy of the financial counselling



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form shall be given to the patient and a duplicate copy kept in the hospital's patient medical records.

5 If the primary / admitting doctor does not wish to disclose the fees to the hospital, he may keep the financial counselling form in his clinic's patient medical record and submit a declaration form to the hospital stating that he has provided the patient with information on the estimated doctors' fees, to be kept in the hospital's patient medical records.

6 In any event, the hospital shall retain a copy of either the financial counselling form (suggested format attached as **Form B**) or the declaration form (suggested format attached as **Form C**) in the hospital's patient medical records.

7 Any subsequent changes to the charges must be updated in the hospital's or clinic's patient medical records and the patient must be informed accordingly.

Yours sincerely,



PROF K SATKU  
DIRECTOR OF MEDICAL SERVICES  
MINISTRY OF HEALTH, SINGAPORE

## LICENSING TERMS AND CONDITIONS ON

### ***PROVISION OF INFORMATION ON CHARGES AND FINANCIAL COUNSELLING***

IMPOSED UNDER SECTION 6(2)(a) AND 6(5) OF THE PRIVATE HOSPITALS  
AND MEDICAL CLINICS ACT (CAP 248)

#### **Application**

1. These Licensing Terms and Conditions spell out the duties of all hospital licensees in ensuring that information on estimated total charges and final bills, and the appropriate financial counselling, are provided to patients to help patients make informed decisions. These Licensing Terms and Conditions shall come into effect on 1 September 2011.

2. A breach of these Licensing Terms and Conditions may attract potential consequences under the Private Hospitals and Medical Clinics (PHMC) Act, including but not limited to —

- (a) Suspension or revocation of the licence; and
- (b) Prosecution.

#### **Hospital Outpatients**

3. All hospital outpatients shall be provided with information on estimated charges for consultation through prominent display on boards or tentcards and supplemented, if necessary, with printed pamphlets or brochures. The display should be of sufficient prominence and size, and clearly readable. The charges may be displayed in the form of a fee range. When the actual fees differ from the displayed fees, they should be clearly communicated to the patient.

4. The relevant information on estimated charges for procedures, investigations, or other services shall be provided when they are being prescribed.

## **Hospital Day Surgery**

5. Where day surgery is involved, the patient shall be informed by the hospital at the time of appointment booking, of the estimated total charges which are likely to be incurred for his day surgery, which shall include:

- (a) Estimated hospital charges;
- (b) Estimated doctors' fees; and
- (c) Estimated Medisave withdrawal limits and coverage by Medishield.

6. The information provided shall be documented in a financial counselling form (suggested format attached as **Form A**). A copy of the financial counselling form shall be given to the patient and a duplicate copy kept in the hospital's patient medical records.

7. Where doctors are not employed by the hospital and information on doctors' fees is not available to the hospital, the hospital shall ensure that the primary / admitting doctor has provided the patient with information on the estimated doctors' fees in a financial counselling form (suggested format attached as **Form B**), including those for anticipated services provided by other doctors at the point of appointment booking. A copy of the financial counselling form shall be given to the patient and a duplicate copy kept in the hospital's patient medical records. If the primary / admitting doctor does not wish to disclose the fees to the hospital, he may keep the financial counselling form in his clinic's patient medical record and submit a declaration form to the hospital (suggested format attached as **Form C**) stating that he has provided the patient with information on the estimated doctors' fees, to be kept in the hospital's patient medical records. In any event, the hospital shall retain a copy of either the financial counselling form or the declaration form in the hospital's patient medical records.

## **Hospital Inpatients**

8. All hospital inpatients shall be informed by the hospital on or before admission to the hospital, of the estimated total charges which are likely to be incurred for his hospitalisation, which shall include:

- (a) Estimated hospital charges;
- (b) Estimated doctors' fees; and
- (c) Estimated Medisave withdrawal limits and coverage by Medishield.

9. The information shall be provided as follows:

- (a) Documented in a financial counselling form (suggested format attached as **Form A**). A copy of the financial counselling form shall be given to the patient and a duplicate copy kept in the hospital's patient medical records.
- (b) Accompanied by explanation on ward options available to the patient.
- (c) Updated and documented in the hospital's patient medical records at appropriate intervals, during the hospital stay, on the latest estimated total bill.

10. Where doctors are not employed by the hospital and information on doctors' fees is not available to the hospital, the hospital shall ensure that the primary / admitting doctor has provided the patient with information on the estimated doctors' fees in a financial counselling form (suggested format attached as **Form B**), including those for anticipated services provided by other doctors at the point of admission booking. A copy of the financial counselling form shall be given to the patient and a duplicate copy kept in the hospital's patient medical records. If the primary / admitting doctor does not wish to disclose the fees to the hospital, he may keep the financial counselling form in his clinic's patient medical record and submit a declaration form to the hospital (suggested format attached as **Form C**) stating that he has provided the patient with information on the estimated doctors' fees, to be kept in the hospital's patient medical records. In any event, the hospital shall retain a copy of either the financial counselling form or the declaration form in the hospital's patient medical records.

11. The information provided to the patient shall be based on the latest scheme of charges, the diagnosis and the care/treatment plan established at the point of admission. In cases where the information on the estimated total charges depends on a further definitive diagnosis of the patient or has changed from that provided initially (e.g. emergency admissions, change in patient's condition, change of treatment plans, etc), the patient shall be updated on the latest estimated total charges in a timely manner. These updates shall be documented in the hospital's or clinic's patient medical record.

12. For additional independent consultations by doctors in the ward (e.g. the attending doctor requesting other specialists to see the patient), the estimated charges shall be documented in the hospital's or clinic's patient medical record and conveyed to the patient during the update on the latest estimated total charges.

### **Other Requirements**

13. Where referral to other services which are not part of the hospital services is necessary, the amount or range of fees of these services shall be conveyed to the patient before referral as far as possible, or the patient shall be advised to check the fees with the provider directly.

14. Where it is not possible to inform the patient of the estimated total charges, the family members or persons accompanying the patient shall be informed on the patient's behalf and the details of the communication documented.

15. When medication is prescribed and/or dispensed in a hospital setting, the patient shall be informed of the availability and use of alternative generic medication, if available, with information on price, and given a choice as to their preference.

16. All patients shall receive an itemised bill for every item charged for the treatment and/or hospitalisation e.g. consultation, procedures, ward charges, operating theatre fees, investigations, medications, and other services or items.

Dated this 20<sup>th</sup> day of July 2011

A handwritten signature in black ink, appearing to read 'K Satku', with a horizontal line extending from the end.

PROF K SATKU  
DIRECTOR OF MEDICAL SERVICES  
MINISTRY OF HEALTH, SINGAPORE

**FINANCIAL COUNSELLING FORM FOR HOSPITAL ADMISSION AND DAY SURGERY**

*To be completed by hospital admitting staff. A copy of this form must be given to the patient and a copy kept in the hospital patient medical records.*

Name of Patient: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Estimated Length of Stay: \_\_\_\_\_

Procedure / Surgical Operation: \_\_\_\_\_

Table of Operation : \_\_\_\_\_ Operation Code: \_\_\_\_\_

| <b>Estimated Hospital Charges</b>                                    | <b>Amount</b>                                            |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Doctors' Fees                                                        | \$ _____                                                 |
| Ward Charges                                                         | \$ _____                                                 |
| Treatment Fees                                                       | \$ _____                                                 |
| Procedure / Surgical Operation Fees (including OT, Consumables, etc) | \$ _____                                                 |
| Implants (if applicable)                                             | \$ _____                                                 |
| Other Charges (Please specify):                                      |                                                          |
| a)                                                                   | \$ _____                                                 |
| b)                                                                   | \$ _____                                                 |
| c)                                                                   | \$ _____                                                 |
| <b>Total</b>                                                         | \$ _____                                                 |
| Medisave Withdrawal Limit                                            |                                                          |
| a) Inpatient Ward Charges                                            | \$ _____                                                 |
| b) Surgical Procedures                                               | \$ _____                                                 |
| c) Day Surgeries                                                     | \$ _____                                                 |
| Medishield Coverage                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Estimated Payment Required                                           | \$ _____                                                 |

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Hospital Admitting Staff

\_\_\_\_\_  
Signature of Hospital Admitting Staff

**FINANCIAL COUNSELLING FORM FOR DOCTORS NOT EMPLOYED BY HOSPITAL**

*To be completed by primary / admitting doctor. A copy of this form must be given to the patient and a copy kept in the hospital's or clinic's patient medical records.*

Name of Patient: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Estimated Length of Stay: \_\_\_\_\_

Procedure / Surgical Operation: \_\_\_\_\_

Table of Operation : \_\_\_\_\_ Operation Code: \_\_\_\_\_

**Estimated Doctor's Fees**

Amount

Consultation Fees \$ \_\_\_\_\_

Procedure / Surgical Operation Fees \$ \_\_\_\_\_

Other Charges (Please specify):

a) \$ \_\_\_\_\_

b) \$ \_\_\_\_\_

c) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Signature of Doctor

**DECLARATION FORM FOR DOCTORS NOT EMPLOYED BY HOSPITAL IF THE DOCTOR DOES NOT WISH TO DISCLOSE HIS FEES TO THE HOSPITAL**

*To be completed by primary / admitting doctor. A copy of this form must be given to the hospital admission staff to be kept in the hospital's patient medical records.*

Name of Patient: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Estimated Length of Stay: \_\_\_\_\_

Procedure / Surgical Operation: \_\_\_\_\_

Table of Operation : \_\_\_\_\_ Operation Code: \_\_\_\_\_

**Declaration**

I certify that the above patient / patient's next-of-kin (Name: \_\_\_\_\_) has been provided with information on the estimated doctors' fees, including those for anticipated services provided by other doctors in a financial counselling form. A copy of the financial counselling form has been given to the patient and a copy is kept in my clinic's patient medical records.

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Stamp / Name of Medical Clinic

\_\_\_\_\_  
Date