Mount Elizabeth™
ORCHARD

PACKAGE FINANCIAL COUNSELLING FORM – MATERNITY

This package is only entitled for singleton delivery. Packages initially accorded will be withdrawn in the event of non-singleton deliveries.

Package Code(s)		Package Description	Length of Stay (Days)	Mother	Neonate	Package Price ($)	Medisave Claimable Limit ($)# (Inclusive of Doctors + Hospital Fees)	
Combined	**Split**						**Delivery**	**Delivery and Antenatal^**
8001170003	**8001170004**	**Normal / Assisted* Vaginal Delivery (SGL)** TOSP Code: SI836U or SI833U	**2**	**3,211.01**	**917.43**	**4,128.44**	**3,380.00 3,650.00** (Vacuum/ Forceps)	**4,280.00 4,550.00** (Vacuum/ Forceps)
	8001190001		**with 9% GST**	**3,500.00**	**1,000.00**	**4,500.00**		
8001170007	**8001170008**	**Normal / Assisted* Vaginal Delivery with Epidural (SGL)** TOSP Code: SI836U or SI833U	**2**	**3,669.73**	**917.43**	**4,587.16**	**3,380.00 3,650.00** (Vacuum/ Forceps)	**4,280.00 4,550.00** (Vacuum/ Forceps)
	8001190001		**with 9% GST**	**4,000.00**	**1,000.00**	**5,000.00**		
8001170033	**8001170034**	**Normal / Assisted* Vaginal Delivery with Epidural (SGL)** TOSP Code: SI836U or SI833U	**3**	**4,880.73**	**1,082.57**	**5,963.30**	**3,780.00 4,050.00** (Vacuum/ Forceps)	**4,680.00 4,950.00** (Vacuum/ Forceps)
	8001190002		**with 9% GST**	**5,320.00**	**1,180.00**	**6,500.00**		
8001170103	**8001170104**	**Caesarean Delivery – Elective (SGL)** TOSP Code: SI834U or SI844U	**3**	**5,339.45**	**1,082.57**	**6,422.02**	**5,040.00 5,100.00** (Complicated)	**5,940.00 6,000.00** (Complicated)
	8001190002		**with 9% GST**	**5,820.00**	**1,180.00**	**7,000.00**		
8001170107	**8001170108**	**Caesarean Delivery – Emergency (SGL)** TOSP Code: SI834U or SI844U	**3**	**9,009.17**	**1,082.57**	**10,091.74**	**5,040.00 5,100.00** (Complicated)	**5,940.00 6,000.00** (Complicated)
	8001190002		**with 9% GST**	**9,820.00**	**1,180.00**	**11,000.00**		

* Assisted vaginal delivery is defined as the use of forceps or vacuum pump to aid in delivery.

If baby requires separate admission for medical reasons, Medisave claimable limit for the baby's admission is $1,130 per first and second day, and $400 for the third day.

^ Up to an additional $900 for antenatal charges can be claimed if the couple is eligible for the Medisave Maternity Package. Original invoices for antenatal care must be submitted to the Business Office upon admission to qualify.

PACKAGE INCLUSIONS:

	2 or 3 days of general ward accommodation (SGL) and daily treatment fee
	Medical and surgical supplies within normal bounds
	Nursing care and common ward procedures
	BCG and Hepatitis B vaccination (1st dose)
	Newborn screenings and test [inclusive of hearing screening, metabolic screening, bilirubin test, package of blood tests to test for G6PD (glucose-6-phosphate dehydrogenase) deficiency, determine ABO blood type, and determine serum TSH (thyroid stimulating hormone) levels]
	One 30-min head & shoulder massage during hospital stay One 15-min head or shoulder massage for patient's companion during patient's hospital stay
	Postnatal Menu
	Complimentary lodging and meals for partner for duration of package
	Complimentary parking for one vehicle for package length of stay
	Limousine service to residence upon discharge (Available between 11am-3pm)
	For Normal / Assisted Vaginal Delivery: Delivery facility and 8 hours of CTG (cardiotocographic) monitoring
	For Normal / Assisted Vaginal Delivery with Epidural: Delivery facility and 8 hours of CTG (cardiotocographic) monitoring IV (intravenous) set and epidural drugs
	For Caesarean Delivery (Elective or Emergency): 1hr 45 min surgery time in the major operating theatre 1hr 45 min use of general or regional anaesthetic

	15 min use of recovery room Operating theatre (OT) services 8 hours of CTG (cardiotocographic) monitoring
	1 year premium access to Intellect's self-care programmes

PACKAGE EXCLUSIONS:

	Specific consumables and medications (e.g. abdominal binder, antibiotics)
	Phototherapy
	OT surcharge for horoscopic LSCS (2000 hours – 0729 hours)
	Use of the operating theatre (OT), recovery room, and general anaesthetic in excess of the stipulated time
	Cardiovascular laboratory (CVL) services and radiological contrasts
	Electrocardiograms (ECGs), treadmill tests, and diagnostic imaging services (e.g. CT, MRI, ultrasound, transesophageal echocardiography (TEE), PET, nuclear medicine, X-rays)
	Dialysis and oncology services
	All laboratory tests and services, including blood transfusion products and services, histopathology, genetic studies, fine needle aspiration (FNA), and referred laboratory services (with the exception of Newborn Screen and Bilirubin test)
	After office hours surcharges
	Rehabilitation services (i.e. physiotherapy, occupational and speech therapy); Homecare services
	Urgent care services
	Discharge (take-home) medications
	Non-medical items / services (e.g. minibar, extra meals, laundry, IDD calls)
	Pre-admission investigations
	Doctors' fees
	For Normal / Assisted Vaginal Delivery: Items / Services used for Epidural Use of vacuum-assisted device Kiwi OmniCup
	For Caesarean Delivery (Elective or Emergency): Use of forceps or vacuum pump Use of labour ward delivery facility, Entonox and other items / services prior to Caesarean delivery (for Vaginal-to-Caesarean conversions)

WITHDRAWAL OF PACKAGE ARRANGEMENT:

Parkway Hospitals Singapore Pte Ltd will withdraw the package pricing arrangement and charge retail prices for the services and supplies consumed by the patient following the patient's admission in the event of any of the following:

	Additional procedures taking place within the same admission except for postpartum ligation; and / or
	Heavy usage or consumption of tests, supplies, medication, gases and / or other consumables during the package length of stay beyond normal bounds, whether arising from complications or otherwise; and / or
	Baby's required admission to NICU; and / or
	Upgrade to any accommodation type(s) not offered in the list of packages above.

OTHER TERMS AND CONDITIONS:

1. All package exclusions are charged at retail price. If used, they will be charged in addition to the package price.
2. Should your general ward stay (single-bedded) exceed the stipulated length of stay, all room rates and items / services charged on the exceeded day(s) will be charged at retail price.
3. In the event of any change in bed type during your stay, the package with the bed type option corresponding to the most expensive bed type option used during your stay shall apply.
4. In the event of a room upgrade to or downgrade from SGL (i.e. private room), the SGL package shall apply.
5. There will be no refund if (a) you stay shorter than the specified package length of stay; or (b) package items are not used during hospitalization; or (c) the aggregate of your items used is less than the package price.
6. Packages are not entitled to any form of discount.
7. Packages are applicable only if your doctor has selected one of the above packages and indicated it in your admission letter and subject to room availability.
8. The package price is payable in full upon admission. All additional charges incurred whether from the use of excluded items / services, exceeded stay or otherwise are payable upon discharge.
9. Package prices do not include doctors' professional fees, which are payable upon discharge.
10. All payment is to be made via cash, credit card, or Medisave only. Packages are applicable only for patients who self-pay in full to Parkway Hospitals Singapore Pte Ltd.
11. Medisave claimable limits vary based on length of stay and type of operation; amount stated in the package listing is only an estimate.
12. Once you are admitted, you will not be allowed to cancel any package(s) you have signed up for.
13. Parkway Hospitals Singapore Pte Ltd may vary the terms and conditions contained herein without prior notice.

I, _____, hereby acknowledge that I have received financial information on the above package. I understand that the financial information that I have received only provides an estimate of the size of the hospital bill, and that this estimate shall not be construed to be a representation or guarantee of the cost of the final bill.

Acknowledged by : _____
Signature of Patient / Parent / Guardian

Witnessed by : _____
Signature of Hospital Staff

_____
Name of Hospital Staff