

Where to obtain the Hospital Registration Number (HRN)

What is a HRN?

The HRN is a 13 alphanumeric characters, unique identifier of a claim. It can be used by employers/insurers to submit reimbursements.

This document will guides the user on where to obtain the HRN for the purpose of submitting a reimbursement to the Board.

There are 3 sources to obtain the HRN

- Your employee/insured's final medical bill
- Your employee/insured's CPF Online Statement (MediSave and Healthcare Insurance Claims and Reimbursement Online Statement).
- Your employee/insured's MediSave Withdrawal Statement

Source 1: Your employee/insured's final medical bill

• The HRN can be found under "CCPS HRN" on some medical institutions' final bill

First Consultation - without a	ulerral	74.90			
ST: P Holder Name	CCPS HRN : 12345 MSV a/c No	678A9BC0 MSV De	ducted	R	
MSVOPSCAN					
AMOUNT DUE FROM MEDISAVE FOR OUTPATIE	INT SCANS				0.00
PAYMENT MEDISAVE FOR OUTPATIE	INT SCANS	05.01.2020 03.01.2020	GIRO AMEX	74.90 154.08	74.90 154.08

Source 2: Your employee/insured's CPF Online Statement

• Your employee/insured can login to their CPF Online Statement to obtain the HRN by following these steps:

Step 1: Navigate to <u>www.cpf.gov.sg</u>. Select "Member" and click on "Login". Your employee/insured will be prompted to login to CPF website via his/her SingPass



Step 2: Upon logging in, click on "My Statement" in the option menu on the left. Scroll down to "Section B" and select "MediSave and Healthcare Insurance Claims and Reimbursement". Select the time period in which the medical bill was incurred and click "Proceed".



Step 3: The system will extract all medical episodes during the selected time period. Click on the particular medical episode your employee/insured is trying to make a claim for

NAME OF S1726943G TEST ONLY (CPF Account Number: S1726943G)

My Statement - Medisave and/or MediShield Life/Integrated Shield Plan Claims

For 01 Apr 2017 to 26 Jun 2018

PDF | Print

Name of Patient	Medical Institution	Hospitalisation Period
NAME OF S1726943G TEST ONLY	MOUNT ALVERNIA HOSPITAL	10 Oct 2017 to 20 Oct 2017
H 4 1 F H		1 - 1 of 1 items

Step 4: Depending on whether MediSave and/or MediShield Life was used, click on the hyperlinked figure on the right of either "MediShield Life Payment" or "MediSave Payment"

My Statement - Summary of	of Healthcare Payment
-or 01 Apr 2017 to 26 Jun 2018	
Name of Patient	NAME OF \$1726943G TEST ONLY
Medical Institution	MOUNT ALVERNIA HOSPITAL
Hospitalisation Period	10 Oct 2017 - 20 Oct 2017
Total Bill ^[a]	\$19,852.76
MediShield Life payment:[b]	\$4.112.36
Medisave Payment ^[c]	\$8,450.00
Balance Bill Amount ^[a-b-c]	\$7,290.40

Amount Reimbursed to Medisave Payers of this Bill	\$2,000.00
Amount Reimbursed to Offset Medishield Life Payout	\$1,000.00

Step 5: Locate the HRN under the "Hospital Reference No."

NAME OF \$1726943G TEST ONLY (CPF	Account Number:	S1726943G)			NAME OF \$1726943G TEST ONLY (CF	PF Account Number: S	61726943G)		
My Statement - Medi For 01 Apr 2017 to 26 Jun 2018	Shield Lif	e Claim	n Payment	Details	My Statement - Med For 01 May 2017 to 18 Jul 201	isave Dedu 8	uction De	etails	
Med	iShield Life C	laim Paymer	nt Details						
Name of patient :NAME OF	s1726943G TEST	ONLY			Me	edisave Deductio	n Details		
Modical Tratifution. Hospital Reference No.: Date of Admission: Date of Discharge: Ward of Discharge: Policy Year: Pro-ration applied(%)*:	MOUNT ALVER 61201709261 10 Oct 2017 20 Oct 2017 PRIVATE HOS 1 Jan 2017 35	NID HOSPITF OJ PITAL - 31 Dec 20	AL 017		Name of Patient: NAME OF Madical Institution: Hospital Reference No.: Date of Admission: Date of Discharge: Ward of Discharge:	S1726943G TEST MOUNT ALVERN 612017092610 10 Oct 2017 20 Oct 2017 PRIVATE HOSP	ONLY		
BENEFITS*	DAYS	~CLAIM LIMITS (S)	PRO-RATED (35%) AMT INCURRED (S)	#CLAIM PAYABLE (S)			WTTHDDAWAT.	አለጥ	# AMT
HOSPITALISATION BENEFITS Room & Board (Normal Ward) -5	700/day 10.0	7.000.00	5.086.70	5.086.70	BENEFITS	DAYS	LIMITS (\$)	INCURRED (\$)	PAYABLE (\$)
SURGICAL BENEFITS Surgery Table 5		1,400.00	1,861.77	1,400.00	HOSPITALISATION BENEFITS Daily Hospital Charges SURGICAL BENEFITS	10	4,500.00	12,533.42	4,500.00
Less deductible* Less co-insurance*			Subtotal ((Subtotal	6,486.70 2,000.00) 374.34) 4,112.36	Surgery Table 5C Total Bill (inc. items no MediShield Life /Integrate	t payable by Med ed Shield Plan p	3,950.00 isave) ays	5,319.34 19,852.76 4,112.36	3,950.00
MEDISHIELD LIFE PAYMENT				4,112.36	MEDISAVE PAYMENT*			1	8,450.00
<				>					5

Source 3: Your employee/insured's MediSave Withdrawal Statement

If your employee/insured received a MediSave Withdrawal Statement for his medical expenses,

the HRN can be found under "Hospital Registration No."

MediSave Witho	Irawals for Medical Expenses	
For Period From MediSave A	: 05 June 2020 to 11 June 2020 ccount of :	
Account No.	: SXXXX778B	
The withdrawals fr	om the above MediSave Account for the medical e	expenses incurred by the patient(s) are list
Please contact the r	medical institution if you require any clarifications rega	arding the MediSave withdrawals. If there a
Please contact the r any unauthorised w	medical institution if you require any clarifications rega ithdrawals, please contact CPF Board immediately.	arding the MediSave withdrawals. If there a
Please contact the r any unauthorised w Withdrawal Date	medical institution if you require any clarifications rega ithdrawals, please contact CPF Board immediately. Description of Withdrawal	arding the MediSave withdrawals. If there a Withdrawal Amount \$
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	medical institution if you require any clarifications rega /ithdrawals, please contact CPF Board immediately. Description of Withdrawal	arding the MediSave withdrawals. If there a Withdrawal Amount \$ 2,788.4
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	medical institution if you require any clarifications rega //ithdrawals, please contact CPF Board immediately. Description of Withdrawal	arding the MediSave withdrawals. If there a Withdrawal Amount \$ 2,788.4
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	Medical institution if you require any clarifications rega ////////////////////////////////////	Withdrawal Amount \$ 2,788.4
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	medical institution if you require any clarifications rega ithdrawals, please contact CPF Board immediately. Description of Withdrawal NUH (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC0 01/04/2020 - 01/04/2020	arding the MediSave withdrawals. If there a Withdrawal Amount \$ 2,788.4
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	Medical institution if you require any clarifications rega withdrawals, please contact CPF Board immediately. Description of Withdrawal N LI H (NPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC0 01/04/2020 - 01/04/2020 N LI H (NPATIENT)	arding the MediSave withdrawals. If there a Withdrawal Amount \$ 2,788.4 2,500.0
Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020	Medical institution if you require any clarifications regarithdrawals, please contact CPF Board immediately. Description of Withdrawal NULL (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC0 01/04/2020 NULH (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC0 NUH (INPATIENT) HOSPITAL REGISTRATION NO.:	Withdrawal Amount \$ 2,788.4 2,500.0