



# How to complete the MediSave/MediShield Life Internet Reimbursement E-File Submission

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# What is this guide about?

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- This guide aims to guide a new employer/insurer in submitting internet reimbursement via the E-File service. It will provide pointers on where to download the excel template, how to fill in the necessary information in our excel template, where to obtain some of the necessary information and how to submit your completed excel template.

# Contents

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- Part 1: Download the excel template
- Part 2: Fill in the necessary information
- Part 2A: Where to obtain the Hospital Registration Number (HRN)
- Part 3: Saving the excel template in CSV format
- Part 4: Submitting the excel template



# Part 1: Download the excel template

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# Step 1: Navigate to MediSave/MediShield Life Reimbursement Page on CPF Website

- (<https://www.cpf.gov.sg/member/business-partners/medisave-medishield-life-reimbursements>)

The screenshot displays the CPF website's interface. At the top, a dark teal header contains the CPF logo, navigation links like 'Who we are', 'Tools and services', and 'Infohub', and user options such as 'Employer', 'Login', and a search icon. Below the header, a row of service categories is visible, including 'Employer obligations', 'Making CPF contributions', 'Making Voluntary Contributions', 'Compliance and rectifications', and 'Corporate service buyers'. The main content area features a breadcrumb trail: 'Home > Services for business partners > MediSave/MediShield Life reimbursements'. The primary heading is 'Submitting MediSave/ MediShield Life reimbursements', accompanied by social media sharing icons. A brief description states: 'Find out whether you're required to reimburse employees/insureds' medical costs, what the process is like and how to submit reimbursements.' Below this is a horizontal menu with five tabs: 'What to consider', 'Order', 'How to submit', 'Resources', and 'FAQs'. The 'What to consider' tab is active, showing a sub-heading 'WHAT TO CONSIDER' and a main title 'What you need to know about MediSave/MediShield Life reimbursements'. The introductory text under this section reads: 'As an employer/insurer, you must reimburse your employees/insureds' MediSave and/or MediShield Life if you're contractually obliged to do so.'

## Step 2: Scroll down to “2. Submission” and click on the “Download Excel file” to obtain the excel template

1) Scroll down to “2. Submission”

### 2. Submission

#### Download and fill in the E-File Excel document

Once your registration is completed, you can start submitting reimbursements via E-File.

Download the Excel file and fill in with the following information:

- Date of Admission (DOA)
- Date of Discharge (DOD)
- Hospital code
- Patient and MediSave payer's NRIC
- MediSave and/or MediShield Life amount to be refunded
- Hospital Registration Number (HRN).

You can get this information from the employee's/insured's final medical bill and from their CPF online statement. If you've provided the HRN in the Excel file, there's no need to include the DOA, DOD, and hospital code.

To facilitate the submission, you can

[Download Excel file >](#)

2) Click on the link to download the excel file



## Part 2: Fill in the necessary information

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# Documents that would help in filling up the excel template

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Before we start Part 2, the following documents could contain some of the necessary information you would need when filling up the excel template. We would advise that you obtain a copy of them. However, there is no need for you to submit them.

Documents that will help with the submission	Information that can be found in these documents
1. Your employee/insured's final medical bill	<ul style="list-style-type: none"><li>• Medical institution (MI) where treatment was sought</li><li>• Date of Admission and Discharge</li><li>• Hospital Registration Number (HRN)</li><li>• MediSave Payers' details</li><li>• MediSave/MediShield Life amount used</li></ul>
2. Your employee/insured's CPF Online Statement or MediSave Withdrawal Statement	<ul style="list-style-type: none"><li>• Medical institution (MI) where treatment was sought</li><li>• Date of Admission and Discharge</li><li>• Hospital Registration Number (HRN)</li><li>• MediSave/MediShield Life amount used</li></ul>
3. List of Hospital Code (Please refer to the link in the Webpage)	<ul style="list-style-type: none"><li>• Hospital code of MI</li></ul>

## Part 2: Fill in the necessary information

- After opening the excel template, you will notice that row 1 and 2 are already populated
- Row 1 indicates the various necessary information we need from you to process your reimbursement request
- Row 2 are short write-ups attempting to elaborate on what the necessary information are

	A	B	C	D	E
Row 1	<b>Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)</b>	<b>Patient Identification Source</b>	<b>Patient Name</b>	<b>Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>	<b>Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>
Row 2	Identification No. as per the Hospital Record (NRIC/IN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.

## Part 2: Fill in the necessary information

- For each reimbursement that you wish to submit, fill in the necessary information in each row from row 3
- For example, if you have 5 reimbursements to submit, fill in the necessary information for these 5 reimbursements in rows 3 to 7

	A	B	C	D	E
1	Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)	Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)
	Identification No. as per the Hospital Record (NRIC/IN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.
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Fill in 1 row for each  
reimbursement

## Column A: Patient Identification No

- Key in the NRIC of the employee/insured you wish to make reimbursement to
- Only 1 NRIC should be keyed into each cell

	A	B	C	D	E
1	<b>Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)</b>	<b>Patient Identification Source</b>	<b>Patient Name</b>	<b>Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>	<b>Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.
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NRIC of employee or insured

## Column B: Patient Identification Source

- Key in “C” if your employee/insured is a Singapore Citizen or Permanent Resident
- Key in “F” if your employee/insured is not a Singapore Citizen or Permanent Resident
- This field is **optional** and not having any inputs will not affect your submission

	A	B	C	D	E
1	Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)	Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)
2	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.
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Indicate “C” for SC/PR or  
“F” for Foreigner

## Column C: Patient Name

- Please enter the Patient's name, who should be your employee/insured, in unaccented alphabetical letters

	A	B	C	D	E
1	Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)	Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.
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Please enter only unaccented  
alphabetical letters

## Column D and E: Admission and Discharge Date

- Please input the admission and discharge date of the patient is DD/MM/YYYY format
- For outpatient bills, please input the visit date in both admission and discharge date fields
- Please note that:
  - a. If you have input a HRN in Column V, you can leave these 2 fields blank
  - b. The admission and discharge dates can be obtained from your employee/insured's final medical bill, CPF online statement or MediSave Withdrawal Statement

	A	B	C	D	E
	Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)	Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)
1	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.
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For outpatient bill, indicate the visit date for both  
admission and discharge date

## Column F: Total Refund Amount

- Please input the total amount you wish to reimburse to all payers' MediSave and MediShield Life
- Please note that:
  - The "Total Refund Amount" (Column F) should = "MED Refund Amt" (Column G) + "MSHL Refund Amt" (Column H)
  - Do not key in excel formula i.e. "Cell F3 = Cell G3 + Cell H3 . Please key in the amount excluding the "\$" e.g. 1234.56

	F	G	H	I	J
1	Total Refund Amt (\$) (*Mandatory field)	MED Refund Amt (\$) (*Mandatory field)	MSHL Refund Amt (\$) (*Mandatory field)	Payer CPF A/c (1) (if NRIC, key in as S1234567E)	Payer Refund Amt (1)
2	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.
3					
4					
9					
10					

Key in amount, include the cents

# Column G: MED Refund Amount

- Please key in the amount you wish to reimburse to all payers' **MediSave**
- Please indicate "0" if there is no reimbursement to MediSave
- Please note that:
  - The "MED Refund Amt" (Column G) should = "Payer Refund Amt (1)" (Column J) + "Payer Refund Amt (2)" (Column L) + "Payer Refund Amt (3)" (Column N) + "Payer Refund Amt (4)" (Column P)
  - Do not key in excel formula i.e. "Cell G3 = Cell J3 + Cell L3 + Cell N3 + Cell P3 . Please key in the amount excluding the "\$" e.g. 1234.56

	F	G	H	I	J
	Total Refund Amt (\$) (*Mandatory field)	MED Refund Amt (\$) (*Mandatory field)	MSHL Refund Amt (\$) (*Mandatory field)	Payer CPF A/c (1) (If NRIC, key in as S1234567E)	Payer Refund Amt (1)
1					
	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.
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Key in amount, include the cents

## Interesting Fact!

Your employee/insured's medical bill could be paid by his relatives. In such a case, the reimbursement for your employee/insured should be made to his relatives' MediSave instead. Our excel template allows you to make reimbursements up to 4 distinct payers

## Column H: MSHL Refund Amount

- Please key in the amount you wish to reimburse to your employee/insured's **MediShield Life**
  - Please indicate "0" if there is no reimbursement to your employee/insured's MediShield Life.
- Otherwise, please key in the amount excluding the "\$" e.g. 1234.56

	F	G	H	I	J
1	<b>Total Refund Amt (\$)</b> (*Mandatory field)	<b>MED Refund Amt (\$)</b> (*Mandatory field)	<b>MSHL Refund Amt (\$)</b> (*Mandatory field)	<b>Payer CPF A/c (1) (if NRIC, key in as S1234567E)</b>	<b>Payer Refund Amt (1)</b>
2	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.
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Key in amount, include the cents

## Column I: Payer CPF Account

- Please key in the NRIC of the first payer you are making MediSave reimbursement to
- If you are not making any reimbursement to MediSave i.e. “MED Refund Amt” (Column G) = “0” , this field can be left blank.
- It is useful to note that the payer of your employee/insured’s bill may not be your employee/insured. So do examine the bill carefully!

	F	G	H	I	J
1	<b>Total Refund Amt (\$)</b> (*Mandatory field)	<b>MED Refund Amt (\$)</b> (*Mandatory field)	<b>MSHL Refund Amt (\$)</b> (*Mandatory field)	<b>Payer CPF A/c (1) (if NRIC, key in as S1234567E)</b>	<b>Payer Refund Amt (1)</b>
2	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.
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Key in the NRIC of the first MediSave Payer

## Column K,M,O: Payer CPF Account

- If there are more than 1 MediSave payer, please key in the other payers' NRIC in Column K, M and O
- You can leave these fields blank if there is only 1 MediSave payer

	K	L	M	N	O	P
1	Payer CPF A/c (2) (if NRIC, key in as S1234567E)	Payer Refund Amt (2)	Payer CPF A/c (3) (if NRIC, key in as S1234567E)	Payer Refund Amt (3)	Payer CPF A/c (4) (if NRIC, key in as S1234567E)	Payer Refund Amt (4)
2	2nd Payer CPF A/c (Optional)	2nd Payer Refund Amt (Optional)	3rd Payer CPF A/c (Optional)	3rd Payer Refund Amt (Optional)	4th Payer CPF A/c (Optional)	4th Payer Refund Amt (Optional)
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Key in the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> MediSave Payers' NRICs

## Column J: Payer Refund Amount

- Please key in the amount you wish to reimburse to the first payer's **MediSave**
- Please indicate "0" if there is no reimbursement to MediSave. Otherwise, please key in the amount excluding the "\$" e.g. 1234.56

	F	G	H	I	J
1	<b>Total Refund Amt (\$)</b> (*Mandatory field)	<b>MED Refund Amt (\$)</b> (*Mandatory field)	<b>MSHL Refund Amt (\$)</b> (*Mandatory field)	<b>Payer CPF A/c (1) (if NRIC, key in as S1234567E)</b>	<b>Payer Refund Amt (1)</b>
2	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present.	The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.	First Payer CPF A/c No. must be present if MediSave Refund Amt is not 0.
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Key in amount, include the cents, for the first MediSave payer

## Column L,N,P: Payer Refund Amount

- Likewise, please key in the amount you wish to reimburse to the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> payers'

### MediSave

- You can leave these fields blank if there is only 1 MediSave payer

	K	L	M	N	O	P
1	Payer CPF A/c (2) (if NRIC, key in as S1234567E)	Payer Refund Amt (2)	Payer CPF A/c (3) (if NRIC, key in as S1234567E)	Payer Refund Amt (3)	Payer CPF A/c (4) (if NRIC, key in as S1234567E)	Payer Refund Amt (4)
2	2nd Payer CPF A/c (Optional)	2nd Payer Refund Amt (Optional)	3rd Payer CPF A/c (Optional)	3rd Payer Refund Amt (Optional)	4th Payer CPF A/c (Optional)	4th Payer Refund Amt (Optional)
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Key in amount, include the cents, for the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> MediSave payers

## Column S & T: Filler

- Please leave columns S and T blank

	Q	R	S	T	U	V
1	Policy Number	Claim Number	Filler	Filler	Hospital code (*Mandatory field if HRN is not given)	Hospital Registration Number (HRN)
2	Based on your internal reference. For example, Insurance policy no. or Employment policy no.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	Please leave this column blank.	Two or Three-digit hospital code as per MOH Classification. You may refer to the List of Hospital Codes found under the Internet Reimbursement Welcome Package on the CPF Website.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.
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These fields should be left blank

## Column U: Hospital Code

- Please key in the hospital code of the Medical Institution where the patient received treatment.

You can obtain this from the [list of hospital codes](#) found on our website.

- If you have indicated a HRN in column V, you can leave this field blank.

	Q	R	S	T	U	V
1	Policy Number	Claim Number	Filler	Filler	Hospital code (*Mandatory field if HRN is not given)	Hospital Registration Number (HRN)
2	Based on your internal reference. For example, Insurance policy no. or Employment policy no.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	Please leave this column blank.	Two or Three-digit hospital code as per MOH Classification. You may refer to the List of Hospital Codes found under the Internet Reimbursement Welcome Package on the CPF Website.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.
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Refer to the list hospital codes found on CPF website and indicate the code accordingly.

## Column V: Hospital Registration Number (HRN)

- The HRN is a 13 alphanumeric characters, unique identifier of a claim. It can be found on some Medical Institutions' final medical bill, and your employee/insured's CPF Online Statement and MediSave Withdrawal Statement
- You can leave this field blank if you have keyed in the "Hospital Code" (Column U), Admission and Discharge Date (Column D and E)

	Q	R	S	T	U	V
	Policy Number	Claim Number	Filler	Filler	Hospital code (*Mandatory field if HRN is not given)	Hospital Registration Number (HRN)
1						
2	Based on your internal reference. For example, Insurance policy no. or Employment policy no.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	Please leave this column blank.	Two or Three-digit hospital code as per MOH Classification. You may refer to the List of Hospital Codes found under the Internet Reimbursement Welcome Package on the CPF Website.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.
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Refer to your employee/insured's final medical bill or MediSave Withdrawal Statement

## Part 2A: Where to obtain the Hospital Registration Number (HRN)

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## There are 3 sources to obtain the HRN

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- Your employee/insured's final medical bill
- Your employee/insured's CPF Online Statement (Healthcare payments and claims 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.



Singapore  
General Hospital  
SingHealth

### TAX INVOICE (Finalised)

Page 1 of 2

BILL REF. NO.

BILL DATE

26 JAN 2022

LOCATION

GCLR DSEC

HRN

001234567890X

NRIC / FIN / MRN

ADMISSION DATE

17 JAN 2022 12:31 PM

DISCHARGE DATE

▶ 17 JAN 2022 05:15 PM



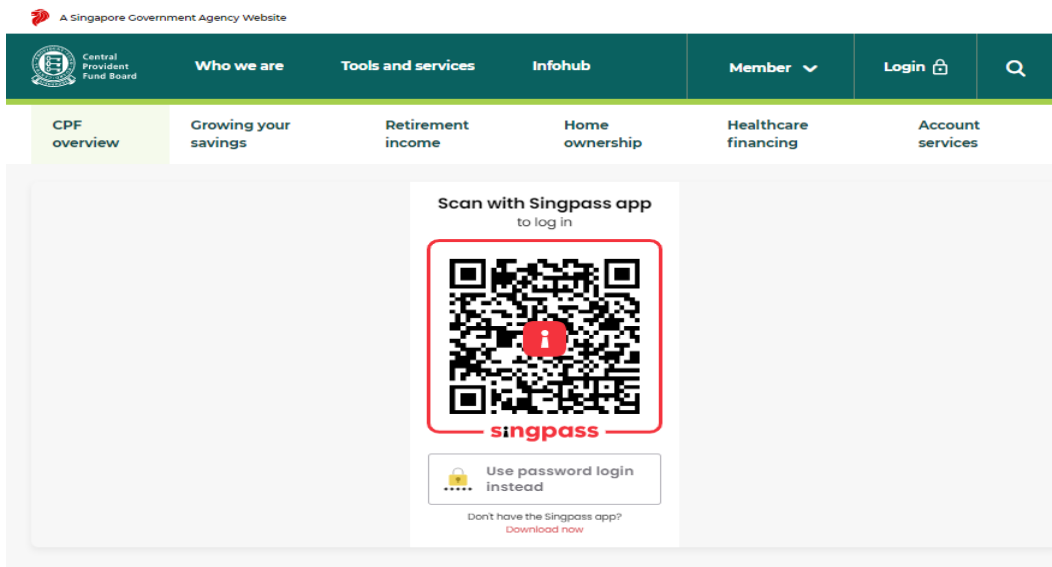
Accepts: PayNow

TOTAL AMOUNT (BEFORE GST)	\$
ROUNDING ADJUSTMENT	\$
7% GST	\$
TOTAL AMOUNT	\$
Payable by MEDISAVE	\$
TOTAL AMOUNT PAYABLE	\$
Net Payment made	\$
FINAL AMOUNT PAYABLE	\$

## 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: Log in to Healthcare dashboard ([cpf.gov.sg/healthcare](http://cpf.gov.sg/healthcare)) under *my cpf* digital services. Your employee/insured will be prompted to login to the Healthcare dashboard via his/her Singpass.



Step 2: Scroll down to “Latest healthcare payments and claims” section or select “Latest healthcare payments and claims” from the menu bar.

A Singapore Government agency website

Central Provident Fund Board

Who we are Tools and services Infohub Member

my cpf CPF overview Growing your savings Retirement income Home ownership Healthcare financing Account services

Home > my cpf > Healthcare

<-NAME OF S01S2291D TEST ONLY-->, S01S2291D

## Healthcare dashboard

as at 17 Nov 2021

MediSave Account balance ⓘ

**\$30,000.00**

To check if you have other messages, go to [My Messages](#).

Health insurance Utilisation of healthcare benefits **Latest healthcare payments and claims**

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Step 3: The latest five healthcare payments and claims will be displayed here. Select the particular medical episode your employee/insured is making a claim for. Locate the HRN under **“For Hospital Registration Number”**.


If there are more than five medical episodes, or if your employee/insured is making a claim for a past medical episode, please proceed to click the button **“View past 15 months”**. Please refer to the next page for sample image.

## Step 3: Cont.

< Insurance
Utilisation of healthcare benefits
**Latest healthcare payments and claims**
Governor >

### Latest healthcare payments and claims


as at 08 Mar 2022


**MediSave payment and claims**
▼

For Hospital Registration Number Q42021A01939E

Patient name	Hospitalisation period	Medical institution	Total bill
ABV NAME OF S7019586J	14 Apr 2021 to 14 Apr 2021	NG TENG FONG GENERAL HOSPITAL	\$149.67


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**MediSave payment and claims**
▼

For Hospital Registration Number Q42021A01914I

Patient name	Hospitalisation period	Medical institution	Total bill
ABV NAME OF S7019586J	13 Apr 2021 to 13 Apr 2021	NG TENG FONG GENERAL HOSPITAL	\$3,529.05


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**MediSave payment and claims**
▼

For Hospital Registration Number Q42021A0152AF

Patient name	Hospitalisation period	Medical institution	Total bill
ABV NAME OF S7019586J	05 Apr 2021 to 05 Apr 2021	NG TENG FONG GENERAL HOSPITAL	\$212.00


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**MediSave payment and claims**
▼

For Hospital Registration Number Q42021A0152BD

Patient name	Hospitalisation period	Medical institution	Total bill
ABV NAME OF S7019586J	05 Apr 2021 to 05 Apr 2021	NG TENG FONG GENERAL HOSPITAL	\$52.08

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**MediSave payment and claims**
▼

For Hospital Registration Number Q42021A012TZB

Patient name	Hospitalisation period	Medical institution	Total bill
ABV NAME OF S7019586J	29 Mar 2021 to 29 Mar 2021	NG TENG FONG GENERAL HOSPITAL	\$39.75

View past 15 months >

- Step 4: Select the time period in which the medical bill was incurred and click “Search”.

Home > my cpf > Healthcare > Healthcare payments and claims history

LONG NAME OF S7019586J, S7019586J

## Healthcare payments & claims history

as at 08 Mar 2022

1. Select the time period and click “Search”

01/2021 to Mar 2022 Search Q

< 2021 >

Jan Feb Mar

Apr May Jun

Jul Aug Sep

Oct Nov Dec

1 to 08 Mar 2022 1 of 1 page

Period	Medical institution	Total bill
14 Apr 2021	NG TENG FONG GENERAL HOSPITAL	\$149.67

- Step 5: 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 to view more details. Locate the HRN under **“For Hospital Registration Number”**.

Home > my cpf > Healthcare > Healthcare payments and claims history





LONG NAME OF S7019586J, S7019586J

### Healthcare payments & claims history

as at 08 Mar 2022

Jan 2021 to Mar 2022 Search Q

Items per page: 20 1-13 of 13 items from 01 Jan 2021 to 08 Mar 2022 1 of 1 page

	<b>MediSave payment and claims</b> For Hospital Registration Number Q42021A01939E				
Patient name ABV NAME OF S7019586J	Hospitalisation period 14 Apr 2021 to 14 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$149.67		
<hr/>					
	<b>MediSave payment and claims</b> For Hospital Registration Number Q42021A01914I				
Patient name ABV NAME OF S7019586J	Hospitalisation period 13 Apr 2021 to 13 Apr 2021	Medical institution NG TENG FONG GENERAL HOSPITAL	Total bill \$3,529.05		

## 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.”.

Dear Member

### MediSave Withdrawals for Medical Expenses

For Period : 05 June 2020 to 11 June 2020

From MediSave Account of :

Account No. : SXXXX7788

The withdrawals from the above MediSave Account for the medical expenses incurred by the patient(s) are listed below.

Please contact the medical institution if you require any clarifications regarding the MediSave withdrawals. If there are any unauthorised withdrawals, please contact CPF Board immediately.

Withdrawal Date	Description of Withdrawal	Withdrawal Amount \$
10 Jun 2020	XXXXXXXXXXXXXXXXXXXX N U H (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC0 01/04/2020 - 01/04/2020	2,788.40
10 Jun 2020	XXXXXXXXXXXXXXXXXXXX N U H (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BC2 01/04/2020 - 01/04/2020	2,500.00

## Part 3: Saving the excel template in CSV format

---

Step 1: After keying in the necessary information, click “File” on the top left hand corner

Click “File”

MediReimbursementTemplate\_Public - Compatibility Mode - Excel

Korin CHO (CPF)

File Home Insert Page Layout Formulas Data Review View Developer Help Tell me what you want to do

Clipboard Data Protection Font Alignment Protection Number Styles Cells Editing

Document Classification: **CONFIDENTIAL \ NON-SENSITIVE** OFFICIAL (OPEN) OFFICIAL (CLOSED) RESTRICTED CONFIDENTIAL SECRET

	A	B	C	D	E	F	G
	<b>Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field)</b>	<b>Patient Identification Source</b>	<b>Patient Name</b>	<b>Admission-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>	<b>Discharge-date (DD/MM/YYYY Format) (*Mandatory field if HRN is not given)</b>	<b>Total Refund Amt (\$) (*Mandatory field)</b>	<b>MED Refund (\$) (*Mandatory field)</b>
1	Identification No. as per the Hospital Record (NRIC/UIIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Name of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill.	Total of MediSave Refund Amt + MediShield Life Refund Amt	Total MediSave Am record to be refund least one MediSave Refund Amt must b present.
2							

## Step 2: Click “Save As”

MediReimbursementTemplate\_Public - Compatibility Mode - Excel

Korin CHO (CPF) ? — □ ×

# Info

## MediReimbursementTemplate\_Public

Downloads

MediReimbursementTemplate\_Public.xlsx

### Compatibility Mode

Some new features are disabled to prevent problems when working with previous versions of Office. Converting this file will enable these features, but may result in layout changes.

### Protect Workbook

The structure of the workbook has been locked to prevent unwanted changes, such as moving, deleting, or adding sheets.

One or more sheets in this workbook have been locked to prevent unwanted changes to the data.

▪ Medisave.MediShield Reimb [Unprotect](#)

### Inspect Workbook

Before publishing this file, be aware that it contains:

- Document properties, document server properties, content type information, printer path, author's name and absolute path
- Hidden columns
- Custom XML data

### Properties

Size	51.5KB
Title	MediReimbursementTemplat...
Tags	Add a tag
Categories	Add a category

### Related Dates

Last Modified	22/5/2019 2:38 pm
Created	18/8/2008 9:27 am
Last Printed	

### Related People

Author

H hyt  
Add an author

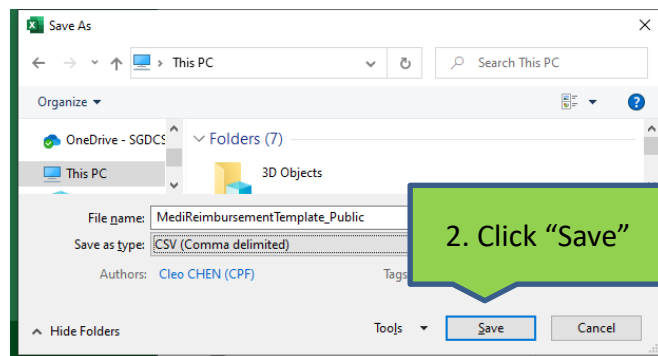
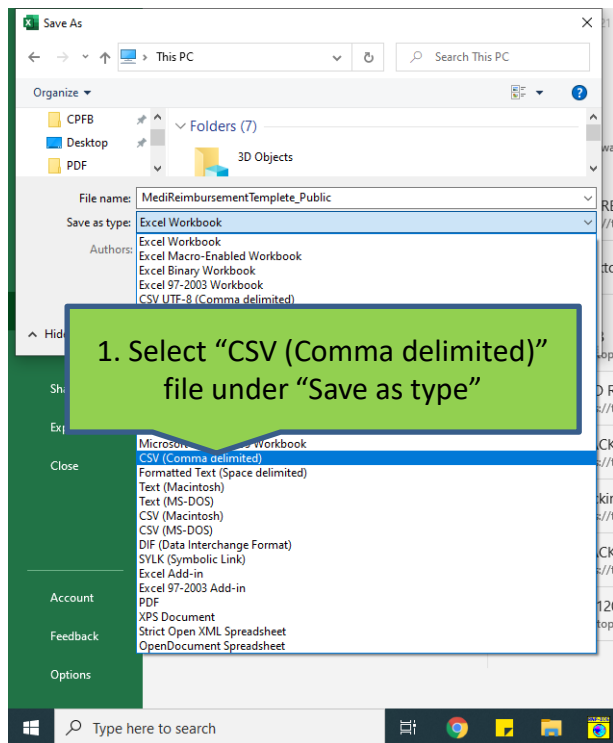
Last Modified By

YC Yen Ching LEE (CPF)

**Click “Save As”**

Save As  
Print  
Share  
Export  
Publish  
Close

Step 3: After selecting the desired location to save the excel file and deciding on the “File name”, select “CSV (Comma delimited)” under “Save as type” and click on “Save”



## Part 4: Submitting the excel template

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Step 1: Navigate to [www.cpf.gov.sg](http://www.cpf.gov.sg). Click on “Member” and select “Employer” from the drop down list. Then click “Login”



A Singapore Government Agency Website



Central  
Provident  
Fund Board

Who we are

Tools and services

Infohub

Employer ▾

Login 🔒

Employer  
obligations

Making CPF  
contributions

2. Select “Employer”

Member  
Employer

Corporate service  
buyers

3. Click “Login”

Changes to CPF  
contribution rate from  
1 Jan 2022

Learn more >

## Step 2: Select “Other Employer Services” and then “For UEN-registered entities”

The screenshot displays the Central Provident Fund Board website interface. The top navigation bar includes the logo, 'Who we are', 'Tools and services', 'Infohub', 'Employer' (with a dropdown arrow), 'Login' (with a lock icon), and a search icon. Below this, a secondary navigation bar lists: 'Employer obligations', 'Making CPF contributions', 'Making Voluntary Contributions', 'Compliance and rectifications', and 'Corporate service buyers'.

The main content area is titled 'Select a digital service'. It features two service cards: 'CPF EZPay' (with a CPF logo and a right arrow) and 'Other employer services' (with a folder icon and a right arrow). A green callout box with a blue border points to the 'Other employer services' card, containing the text: '1. Select “Other Employer Services”'.

Below the 'Select a digital service' section, the same secondary navigation bar is repeated. The 'Other employer services' card is expanded, showing a sub-section titled 'Other employer services login'. This section contains two login options, each with a folder icon and a right arrow: 'Log in as UEN-registered entity' and 'Log in as individual trading under own name'. A second green callout box with a blue border points to the 'Log in as UEN-registered entity' option, containing the text: '2. Select “For UEN-registered entities”'.

### Step 3: Log in with Singpass



## Log in with Singpass

Your trusted digital identity

Singpass app

Password login

Scan with Singpass app  
Logging in as **Business User**



Don't have Singpass app? [Download now](#)

Step 4: Key in your company's CPF Submission Number (CSN) and click "Proceed"

Central Provident Fund Board

Who we are Tools and services Infohub Employer T Q

Employer services Employer obligations Making CPF contributions Making Voluntary Contributions Compliance and rectifications Corporate service buyers

### Enter CPF Submission Number

CPF Submission Number

S1234567A

Enter a valid CPF Submission Number, e.g.  
S1234567A-PTE-01

Proceed

1. Fill in your company's CSN

2. Click "Proceed"

• Don't have a CPF Submission Number (CSN)? [Apply for a CSN now.](#)

## Step 5: Click “View all” under the “Others” category

The screenshot shows the CPF Board website interface. At the top, there is a navigation bar with links: "Who we are", "Tools and services", "Infohub", "Employer", and a search icon. Below this is a secondary navigation bar with links: "Employer services", "Employer obligations", "Making CPF contributions", "Making Voluntary Contributions", "Compliance and rectifications", and "Corporate service buyers".

The main content area features a welcome message for "TAN LI LING" (S2345673) and a "Transacting for" section for "HAPPILY EVER AFTER PTE. LTD." with branch name "NOVENA" and CPF Submission Number "12345678H-PTE-01".

Below this is a "Browse digital services" section with six cards:

- Employer account services**: Apply for a CPF Submission Number (CSN) or update employer particulars with the CPF Board here. View all >
- Direct Debit for CPF contributions**: Add or terminate Direct Debit arrangements. View all >
- Voluntary CPF contributions**: Top up employees' CPF accounts. View all >
- Refund or adjustment of CPF contributions**: Apply for a refund or an adjustment of CPF contributions. View all >
- Composition amount payments**: Pay composition amounts for late payment offences. View all >
- Others**: Update us if you cease to have employees in service, apply to contribute higher CPF for your Singapore Permanent Resident employees. View all >

The "Others" card is highlighted with a red rectangular box.

1. Click “View all”

Step 6: Scroll to the end of the page and click “Submit reimbursements”

The screenshot shows the Central Provident Fund Board website. The top navigation bar includes the logo, 'Who we are', 'Tools and services', 'Infohub', 'Employer', 'Login', and a search icon. Below this is a secondary navigation bar with links: 'Employer obligations', 'Making CPF contributions' (highlighted), 'Making Voluntary Contributions', 'Compliance and rectifications', and 'Corporate service buyers'. The main content area is titled 'Others' and includes a breadcrumb trail: 'Home > Tools and services > Forms and e-applications > Others'. A sub-header 'Others' is followed by a paragraph: 'Update us if you cease to have employees in service, apply to contribute higher CPF for your Singapore Permanent Resident employees.' To the right of this text are five circular icons: Facebook, Telegram, WhatsApp, a menu icon, and a print icon. Below this is a section titled 'Other forms' which contains two cards. The first card is titled 'Apply jointly to contribute CPF at higher rates for 1st/2nd year Singapore Permanent Resident (SPR)' and includes instructions to apply jointly with 1st/2nd Year Singapore Permanent Resident employees. It has two links: 'For UEN-registered entities' and 'For individuals'. The second card is titled 'MediSave and MediShield Life Reimbursement' and includes a link to 'Submit MediSave and MediShield Life reimbursements'. A blue callout box with a white border points to the 'Submit reimbursements' link in the second card, containing the text '1. Click “Submit reimbursements”'.

Central Provident Fund Board

Who we are Tools and services Infohub Employer Login

Employer obligations Making CPF contributions Making Voluntary Contributions Compliance and rectifications Corporate service buyers

Home > Tools and services > Forms and e-applications > Others

## Others

Update us if you cease to have employees in service, apply to contribute higher CPF for your Singapore Permanent Resident employees.

### Other forms

#### Apply jointly to contribute CPF at higher rates for 1st/2nd year Singapore Permanent Resident (SPR)

Apply jointly with your 1st/2nd Year Singapore Permanent Resident employees to contribute CPF at higher rates.

[For UEN-registered entities](#)

[For individuals](#)

#### MediSave and MediShield Life Reimbursement

Submit [MediSave and MediShield Life reimbursements](#) to employees and other insured persons.

[Submit reimbursements](#)

1. Click “Submit reimbursements”

Step 7: Select “MediSave/MediShield Life Reimbursement” in the menu on the left. Select “Submission of MediSave/MediShield Life Reimbursement Details”

The screenshot shows the 'MediShield Life Internet Reimbursement - Menu Page'. At the top is a dark green header with the Central Provident Fund Board logo and navigation links: 'Who We Are', 'Tools And Services', 'Infohub', 'Logout', and a search icon. Below the header, a left-hand menu contains links for 'Employer Details', 'Online Applications', 'MediSave / MediShield Life Reimbursement' (highlighted with a green callout), 'Enquiry on Status of Previous Transactions', and 'Previous Transactions'. The main content area has a blue title 'MediShield Life Internet Reimbursement - Menu Page' and a welcome message. Below this, there are sections for 'CPF Submission Number' and 'Name of Employer / Insurer'. A large green callout points to the 'MediSave / MediShield Life Reimbursement' menu item. Another green callout points to a list of options under the 'Submission of MediSave / MediShield Life Reimbursement Details' section, which includes: 'To submit MediSave / MediShield Life Reimbursement Details', 'Enquiry on submission status', 'Log Enquiry', and 'MediSave / MediShield Life E-Form Mode'.

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Central Provident Fund Board

Who We Are Tools And Services Infohub Logout 🔍

1. Select “MediSave/MediShield Life Reimbursement”

MediShield Life Internet Reimbursement - Menu Page

Welcome to MediSave / MediShield Life Reimbursement Service. As long as you are in this secure 'MediSave / MediShield Life Reimbursement' menu page, you need not login again for your subsequent transactions. To exit from MediSave / MediShield Life Reimbursement service click 'Logout'.

CPF Submission Number

Name of Employer / Insurer

2. Select “Submission of MediSave/MediShield Life Reimbursement Details”

- > Submission of MediSave / MediShield Life Reimbursement Details  
To submit MediSave / MediShield Life Reimbursement Details
- > Enquiry on submission status  
To enquire on the status of submission(s)
- > Log Enquiry  
To enquire on the transactions performed during last three months
- > MediSave / MediShield Life E-Form Mode  
MediSave / MediShield Life E-Form Mode

Step 8: Upload the prepared excel template by clicking on “Browse” and select the excel template (in CSV format) from its saved location. Once you have upload the submission file, click “Submit”

**Current File Submission**

You may submit the MediSave / MediShield Life reimbursement details in a batch file using a Text file format or Excel CSV(comma delimited) file format.

Please fill in the latest [Excel File](#) and then convert it to a text file or an Excel CSV (comma delimited) file before submitting. The latest Excel File is updated as at 28-Apr-2019.

To submit a MediSave / MediShield Life reimbursement details, click on the file or click on Browse to select a file to upload.

**File name \***

**Instructions for supporting document submission**

Ensure that the file name is not more than 50 characters.  
Ensure that the file size is not more than 1 MB.  
Only .csv, .dtt and .txt file types will be accepted for submission.

**1. Click on “Browse” and select the prepared excel template**

**2. Click “Submit” to upload**

Step 9: Lastly, check that the details are correct. If no errors, click “Submit” to complete the upload

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Central Provident Fund Board

Who We Are Tools And Services Infohub Logout Q

Employers Online Services

- Employers Home
- Employer Details
- Online Applications
- MediSave / MediShield Life Reimbursement**
- Enquiry on Status of Previous Transactions

Confirmation of MediSave / MediShield Life Reimbursement Details

CPF Submission Number

Name of employer / insurer

You are about to submit a MediSave / MediShield Life Reimbursement file from  
"Copy of MediReimbursementTemplate\_Public.csv."

To confirm your submission, click "**Submit**". Otherwise, click "**Cancel**"

Submit Cancel

Click "Submit" to complete the upload

Step 10: Upon successful uploading, you will be brought to the acknowledgement page. Please take note of the “Submission number” as you can use it to check the status of your submission subsequently

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Central Provident Fund Board

Who We Are Tools And Services Infohub Logout Q

Employers Online Services

- Employers Home
- Employer Details
- Online Applications
- MediSave / MediShield Life Reimbursement**
- Enquiry on Status of Previous Transactions

## Acknowledgement

**CPF Submission Number**

**Name of employer / insurer**

The MediSave / MediShield Life Reimbursement file “**Copy of MediReimbursementTemplate\_Public.csv**” for CPF Submission Number **TE-01** has been submitted successfully to the CPF Board.

Your file has been renamed as **349538820211124.dtl**

The **2** reimbursement cases submitted in the file are now being processed by CPF

Please note your submission number **34953882021112400001** as you may use it later to check the status of submission.

You may check your file submission status and download the reimbursement reports from the menu Enquiry on Submission status. These reports will be available online for 3 months after your submission.

Please ensure that your bank account is in order.

Please note that some banks charge an administration fee for each unsuccessful deduction.

## Useful Points to Note

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- You can only make one submission per day.
- The cut-off time for a day's submission is 5.30pm. Any file submitted after 5.30pm will be treated as the following day's submission.
- Please ensure you do not have more than 15,000 rows in your excel template, and file size does not exceed 5MB.