

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

What is this guide about?

This guide aims to guide a new employer/insurer in submitting internet reimbursement via the EFile 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.

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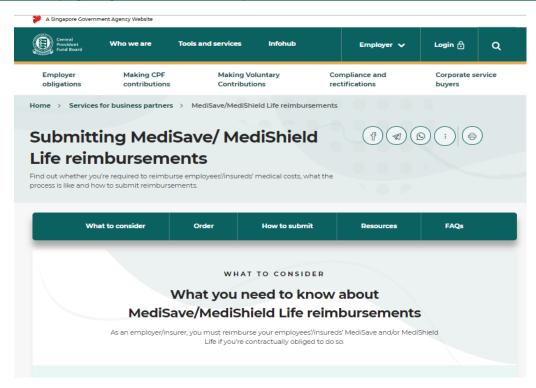
- Part 1: Download the excel template
- Part 2: Fill in the necessary information
- Part 2A: Where to obtain the Hospital Registration Number (HRN)
- Part 3: Saving the excel template in CSV format
- Part 4: Submitting the excel template



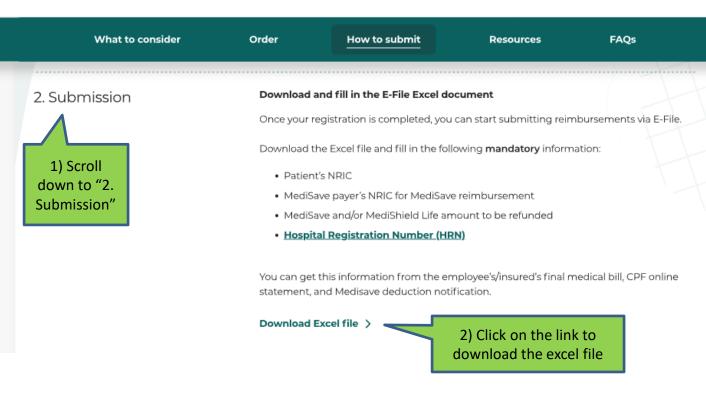
Part 1: Download the excel template

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

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



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





Part 2: Fill in the necessary information

Information required for your submission

Before commencing Part 2, please ensure that you have the following information on hand to facilitate a smooth submission process:

- Medical institution (MI) where treatment was sought
- Hospital Registration Number (HRN)
- Patient's NRIC
- MediSave Payers' details
- MediSave/MediShield Life amount used

Click **here**, if you are unsure of where to obtain the required information.

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

		А	В	С	D	E
Row 1		Patient Identification no (if NRIC, key in as \$1234567E)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format)	Discharge-date (DD/MM/YYYY Format)
	1	(*Mandatory field)				
Row 2	2	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner		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. Not a required field.
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	4					
	5					
	6					
	7					

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

			Α	В	C	D	E
			Patient Identification no	Patient Identification	Patient Name	Admission-date	Discharge-date
			(if NRIC, key in as \$1234567E)	Source		(DD/MM/YYYY Format)	(DD/MM/YYYY Format)
		1	(*Mandatory field)				
			Identification No. as per the Hospital	'C' - for CPF Member / 'F' -	Name of the Patient		
-			Record (NRIC/UIN/PASSPORT NO)	Foreigner		Hospital Record. This information can be found on the patient's	the Hospital Record. This A information can be found on the R
- 1	Fill in 1 navy fam					hospital bill.	patient's hospital bill.
- 1	Fill in 1 row for					Not a required field.	Not a required field.
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	reimbursement	3	<u></u>				
	Tellibursellielit	4					
ı		5					
		6					
		7					

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

	В	C	U	E	
Patient Identification no	Patient Identification	Patient Name	Admission-date	Discharge-date	Г
NRIC, key in as S1234567E)	Source		(DD/MM/YYYY Format)	(DD/MM/YYYY Format)	
(*Mandatory field)					
entification No. as per the Hospital	'C' - for CPF Member / 'F' -	Name of the Patient		_	T
ecord (NRIC/UIN/PASSPORT NO)	Foreigner		'	the state of the s	A
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NRIC of employee	e or insured				
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91	(*Mandatory field) ntification No. as per the Hospital cord (NRIC/UIN/PASSPORT NO)	(*Mandatory field) ntification No. as per the Hospital 'C' - for CPF Member / F' -	(*Mandatory field) ntification No. as per the Hospital cord (NRIC/UIN/PASSPORT NO) C'-for CPF Member / F'- Name of the Patient Foreigner	(*Mandatory field) ntification No. as per the Hospital cord (NRIC/UIN/PASSPORT NO) 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. Not a required field.	(*Mandatory field) ntification No. as per the Hospital cord (NRIC/UIN/PASSPORT NO) The Foreigner Solution of the Patient Solution of the Hospital Record. This information can be found on the patient's hospital bill. Not a required field. Not a required field.

Column B: Patient Identification Source (Optional)

- This field is optional. You can leave it blank as it will not affect your submission
- 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

	Α	В		С	D	F
1	Patient Identification no (if NRIC, key in as \$1234567E) (*Mandatory field)	Patient Identification Source	Pa	tient Name	Admission-date (DD/MM/YYYY Format)	Discharge-date (DD/MM/YYYY Format)
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner	Nam	ne of the Patient	Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	Patient's Discharge Date as in The Hospital Record. This information can be found on the patient's hospital bill. Not a required field.
3						
4						
5		Indicate "C" for	SC/DP or			
6		Indicate "C" for	7			
1		"F" for Fore	igner			

Column C: Patient Name

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

	A	В	С	D	E	
	Patient Identification no	Patient Identification	Patient Name	Admission-date	Discharge-date	Г
	(if NRIC, key in as \$1234567E)	Source		(DD/MM/YYYY Format)	(DD/MM/YYYY Format)	
1	(*Mandatory field)					
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner		Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	Patient's Discharge Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	T A R
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5			Please enter only una	ccented		
6			· · · · · · · · · · · · · · · · · · ·			
7			alphabetical lette	ers		

Column D and E: Admission and Discharge Date (Optional)

- This field is optional. You can leave it blank as it will not affect your submission
- Please input the admission and discharge date of the patient is DD/MM/YYYY format

	Α	В	С	D	E
1	Patient Identification no (if NRIC, key in as \$1234567E) (*Mandatory field)	Patient Identification Source	Patient Name	Admission-date (DD/MM/YYYY Format)	Discharge-date (DD/MM/YYYY Format)
	Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO)	'C' - for CPF Member / 'F' - Foreigner		Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field.	Patient's Discharge Date as in the Hospital Record. This A information can be found on the patient's hospital bill. Not a required field.
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3	_				
4					
5					
6			Admission date and discharg		
7			DD/MM/YYYY fo	rmat	

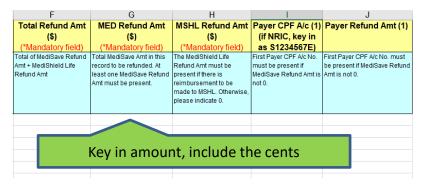
Column F: Total Refund Amount

- Please input the total amount you wish to reimburse to all payers' MediSave and MediShield Life
- Please note that:
 - a. The "Total Refund Amount" (Column F) should = "MED Refund Amt" (Column G) + "MSHL Refund Amt" (Column H)
 - b. 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	Н		J
Total Refund Amt (\$)	MED Refund Amt (\$)	MSHL Refund Amt (\$)	Payer CPF A/c (1) (if NRIC, key in	Payer Refund Amt (1)
(*Mandatory field)	(*Mandatory field)	(*Mandatory field)	as S1234567E)	
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.
ey in amount, ir	nclude 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:
 - a. 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)
 - b. 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



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	Н	1	J
Total Refund Amt	MED Refund Amt	MSHL Refund Amt	Payer CPF A/c (1)	Payer Refund Amt (1)
(\$)	(\$)	(\$)	(if NRIC, key in	
(*Mandatory field)	(*Mandatory field)	(*Mandatory field)	as S1234567E)	
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.		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.
		Key in amount, inc	lude 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	Н	1	J
Total Refund Amt	MED Refund Amt	MSHL Refund Amt	Payer CPF A/c (1)	Payer Refund Amt (1)
(\$)	(\$)	(\$)	(if NRIC, key in	
(*Mandatory field)	(*Mandatory field)	(*Mandatory field)	as S1234567E)	
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.		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.
			•	RIC of the first ave Payer

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	Н	1	J
Total Refund Amt	MED Refund Amt	MSHL Refund Amt	Payer CPF A/c (1)	Payer Refund Amt (1)
(\$)	(\$)	(\$)	(if NRIC, key in	
(*Mandatory field)	(*Mandatory field)	(*Mandatory field)	as S1234567E)	
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.
			Key in amount,	include the cents,
				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	0	Р
	_	Payer Refund Amt (2)	_	Payer Refund Amt (3)	_	Payer Refund Amt (4)
	(2) (if NRIC, key		(3) (if NRIC, key		(4) (if NRIC, key	
	in as \$1234567E)		in as		in as \$1234567E)	
1			S1234567E)			
	2nd Payer CPF A/c	2nd Payer Refund Amt	3rd Payer CPF A/c		4th Payer CPF A/c	4th Payer Refund Amt
	(Optional)	(Optional)	(Optional)	(Optional)	(Optional)	(Optional)
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			and ard 1 st	th 110 -		
		Key in the	e 2 nd , 3 rd and 4	th MediSave Payers	s' NRICs	
8						
9						
						,
10)

Column L,N,P: Payer Refund Amount

• Likewise, please key in the amount you wish to reimburse to the 2nd, 3rd and 4th payers'

MediSave

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

	K	L	M	N	0	Р
	-	Payer Refund Amt (2)	-	Payer Refund Amt (3)	_	Payer Refund Amt (4)
	(2) (if NRIC, key		(3) (if NRIC, key		(4) (if NRIC, key	
4	in as \$1234567E)		in as		in as S1234567E)	
- 1	2nd Payer CPF A/c	2nd Payer Refund Amt	S1234567E) 3rd Payer CPF A/c	3rd Payer Refund Amt	4th Payer CPF A/c	4th Payer Refund Amt
	(Optional)	(Optional)	(Optional)	-	(Optional)	(Optional)
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3						
	•					
5		1		1		1
6		-		-		
	Kev	in amount includ	a the cents fo	or the 2 nd , 3 rd and 4	1th MediSave n	OVATS
	Rey	iii aiiiouiit, iiiciuu	c the cents, io	in the 2, 3 and 2	· Wicaisave po	аустэ
0						
9						
10						

Column S & T: Filler

• Please leave columns S and T blank

Q	R	S	Т	U	V
Policy Number	Claim Number	Filler	Filler	Hospital code	Hospital Registration Number (HRN) (*Mandatory field)
internal reference.	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	Please leave this column blank.	Not a required field.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.
		A	A		

Column U: Hospital Code (Optional)

• This field is **optional**. You can leave it blank as it will not affect your submission

Q	R	S	T	U	V
Policy Number	Claim Number	Filler	Filler	Hospital code	Hospital Registration Number (HRN) (*Mandatory field)
internal reference. For example,	Based on your internal reference. For example, Insurance Claim no. or Employment Claim no.	Please leave this column blank.	Please leave this column blank.		HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.
			Hospital code	Hospital code is not required.	

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 deduction notification
- This field is mandatory.

Q	R	S	T	U	V	
Policy Number	Claim Number	Filler	Filler	Hospital code	Hospital Registration Number (HRN) (*Mandatory field)	
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.	Not a required field.	HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column.	
				final medical bill statement or Med	mployee/insured's bill or CPF online lediSave deduction fication.	



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

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 deduction notification or hardcopy MediSave Transaction
 Statement

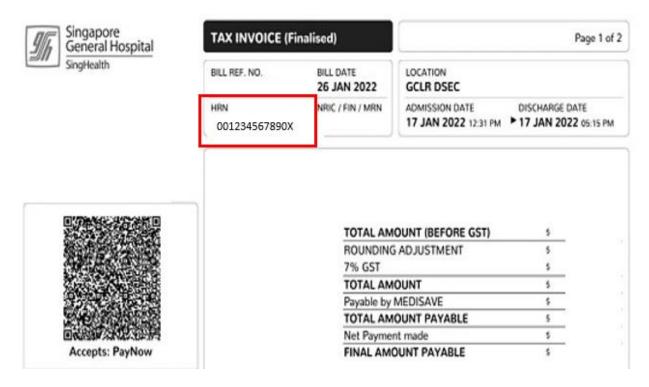


Please note that CPF Board does not require these documents from employers/insurers to process the MediSave/MediShield Life reimbursement.

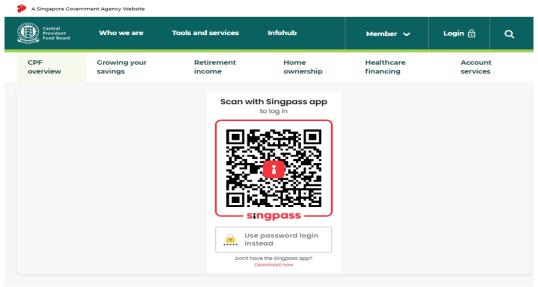
Should you need to request these documents from your employee/insured to obtain the HRN, we urge you to accept **digital copies** over physical documents.

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

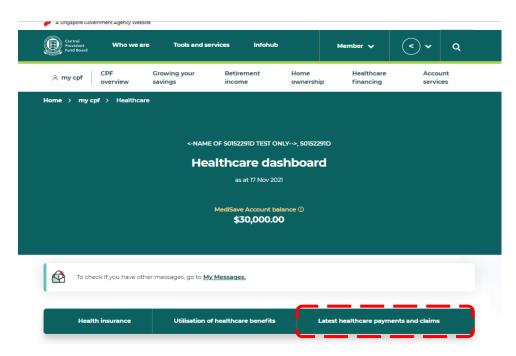
The HRN can be found under "CCPS HRN" on some medical institutions' final bill.



- 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) 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.

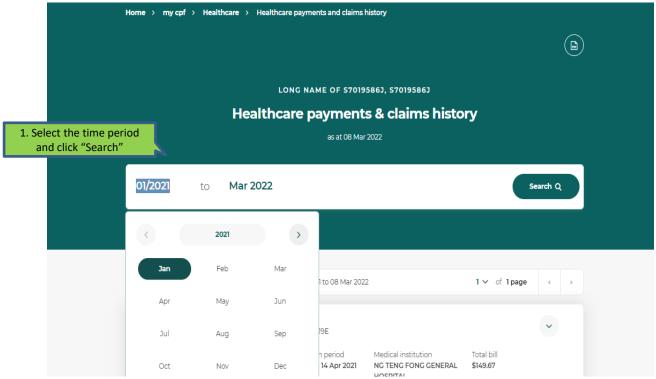


- Step 3: The latest five healthcare payments and claims will be displayed here. Select the particular medical episode your employee/insured is making a claim for. Locate the HRN under "For Hospital Registration Number".
- If there are more than five medical episodes, or if your employee/insured is making 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.

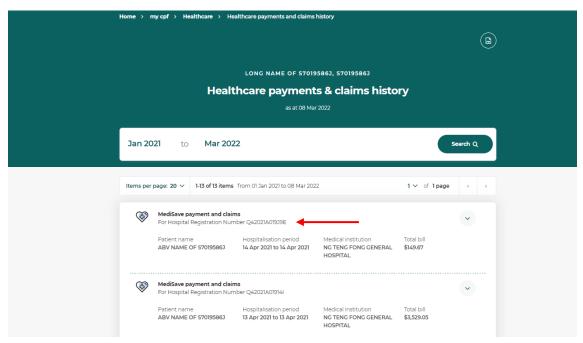
Step 3: Cont.

Utilisation of healthcare benefits < isurance Latest healthcare payments and claims Govern > Latest healthcare payments and claims as at 08 Mar 2022 MediSave payment and claims For Hospital Registration Number Q42021A019J9E Hospitalisation period Patient name Medical institution Total bill 14 Apr 2021 to 14 Apr 2021 **ABV NAME OF S7019586J** NG TENG FONG GENERAL \$149.67 HOSPITAL MediSave payment and claims For Hospital Registration Number Q42021A019141 Patient name Hospitalisation period Medical institution Total bill 13 Apr 2021 to 13 Apr 2021 ABV NAME OF \$7019586J NG TENG FONG GENERAL \$3,529.05 HOSPITAL MediSave payment and claims For Hospital Registration Number Q42021A0152AF Patient name Hospitalisation period Medical institution Total bill ABV NAME OF \$7019586J 05 Apr 2021 to 05 Apr 2021 \$212.00 NG TENG FONG GENERAL HOSPITAL MediSave payment and claims For Hospital Registration Number Q42021A0152BD Patient name Hospitalisation period Medical institution **ABV NAME OF S7019586J** 05 Apr 2021 to 05 Apr 2021 NG TENG FONG GENERAL \$52.08 HOSPITAL 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 \$39.75 HOSPITAL View past 15 months >

• Step 4: Select the time period in which the medical bill was incurred and click "Search".



• 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".



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.".

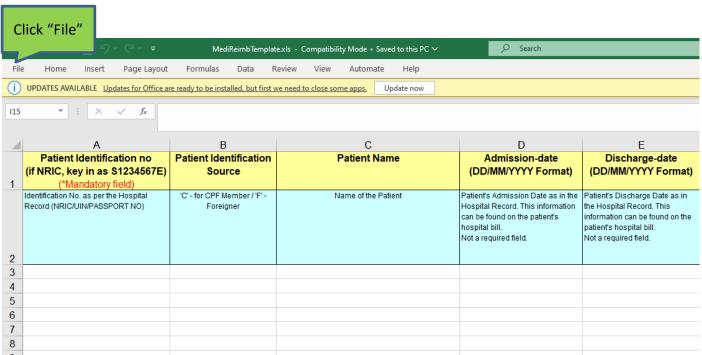




Part 3: Saving the excel template in CSV format

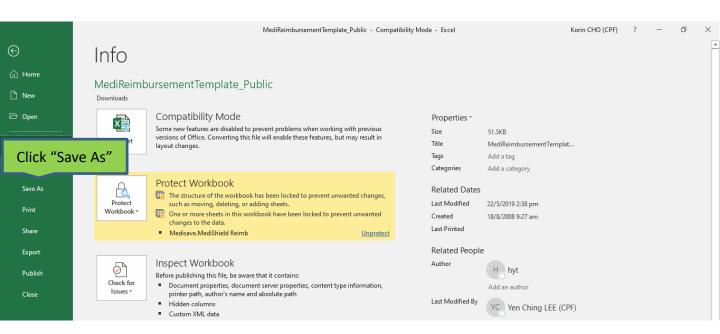
Saving the excel template in CSV format

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



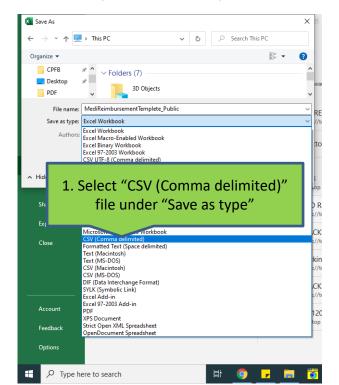
Saving the excel template in CSV format

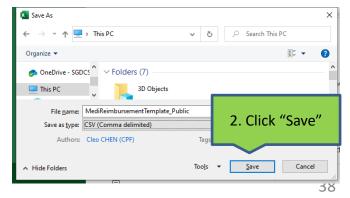
Step 2: Click "Save As"



Saving the excel template in CSV format

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"

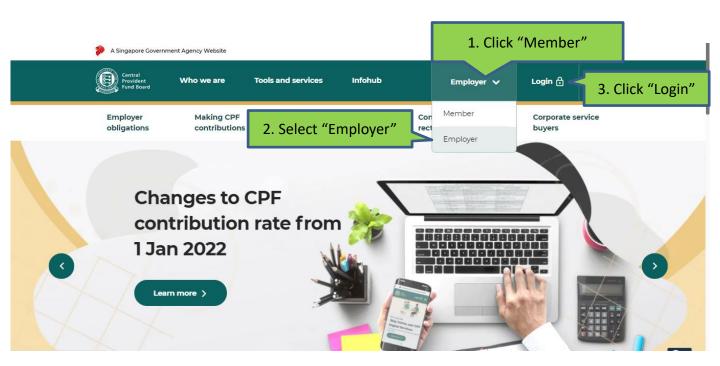




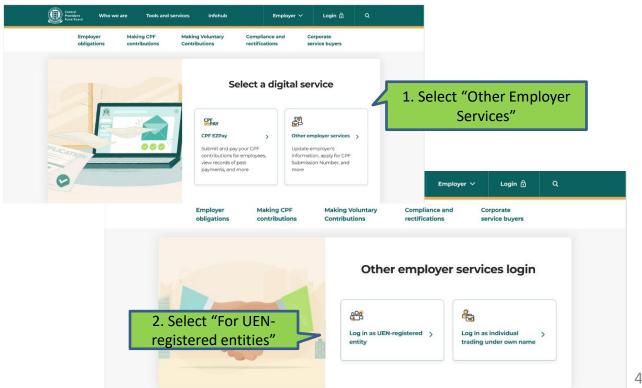


Part 4: Submitting the excel template

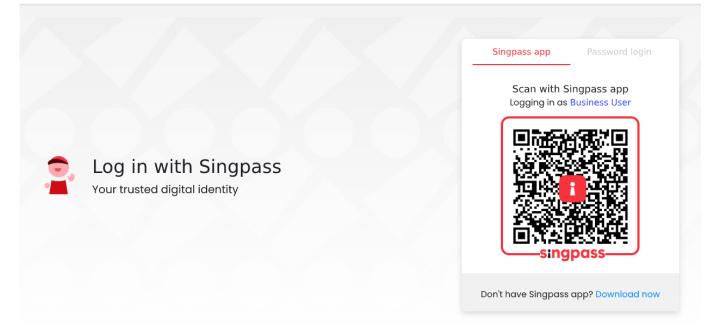
Step 1: Navigate to www.cpf.gov.sg. Click on "Member" and select "Employer" from the drop down list. Then click "Login"



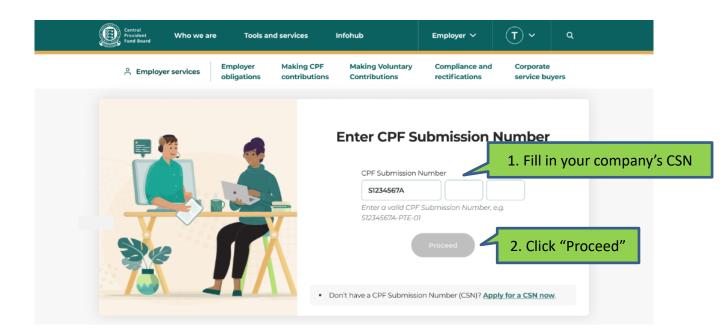
Step 2: Select "Other Employer Services" and then "For UENregistered entities"



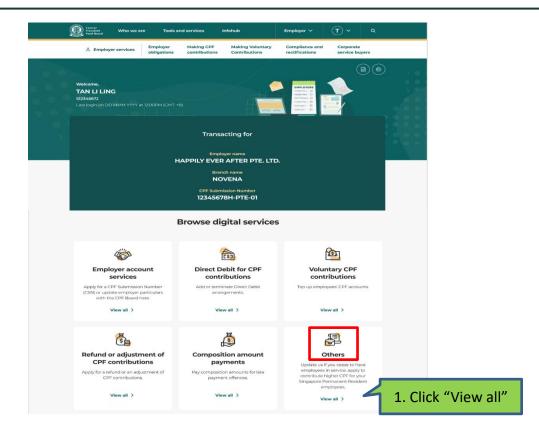
Step 3: Log in with Singpass



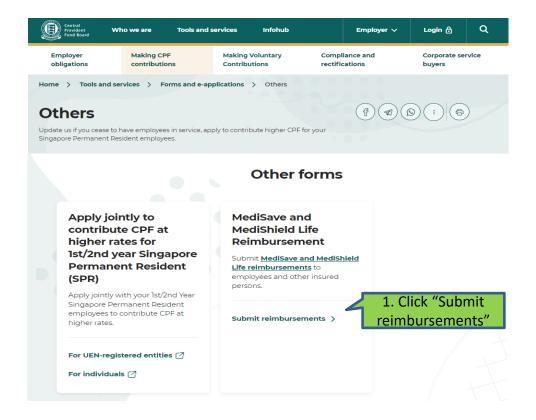
Step 4: Key in your company's CPF Submission Number (CSN) and click "Proceed"



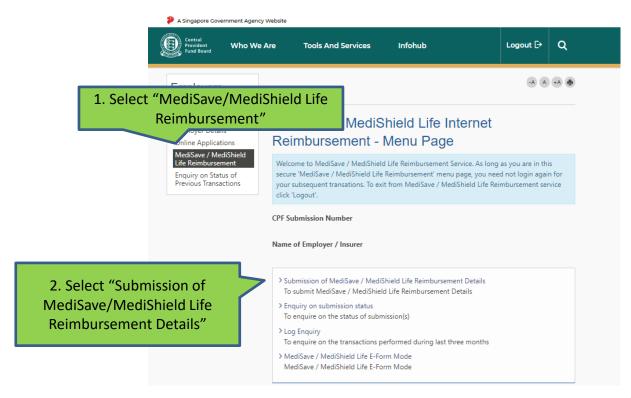
Step 5: Click "View all" under the "Others" category



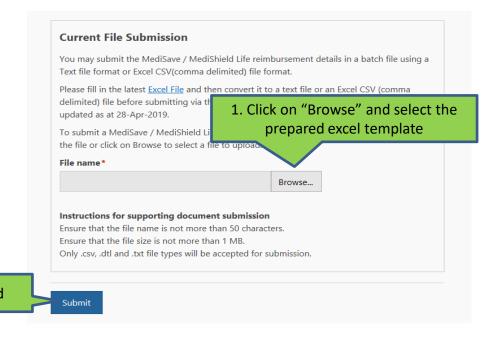
Step 6: Scroll to the end of the page and click "Submit reimbursements"



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

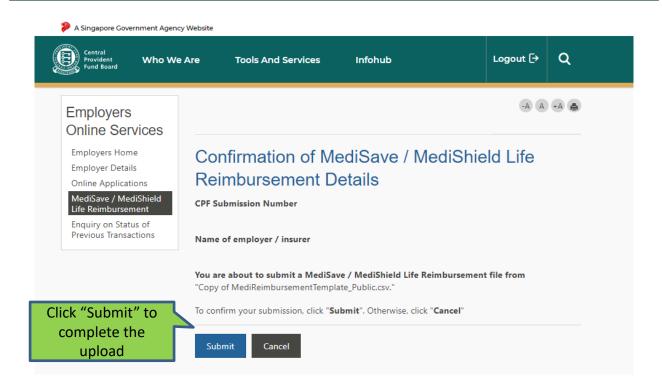


Step 8: Upload the prepared excel template by clicking on "Browse" and select the excel template (in CSV format) from its saved location. Once you have upload the submission file, click "Submit"

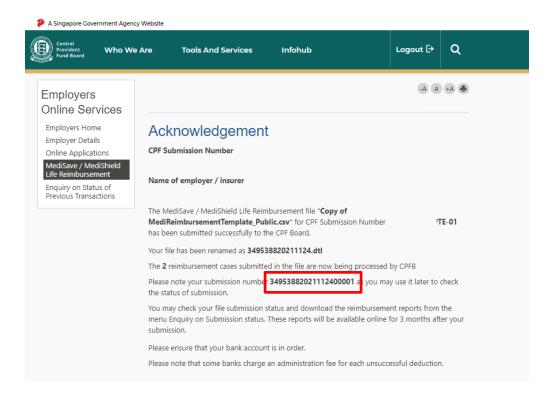


2. Click "Submit" to upload

Step 9: Lastly, check that the details are correct. If no errors, 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



Useful Points to Note

- 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.



Annex

Information required for your submission and where to find them

If you lack the required information and need to obtain them from your employee/insured, we urge you to accept <u>digital copies</u> of these documents. Please note that these documents should not be included in your submission.

Information required	Documents that will help with the submission
 Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave Payers' details MediSave/MediShield Life amount used 	1. Your employee/insured's final medical bill
 Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave/MediShield Life amount used 	Digital copy of your employee/insured's CPF Online Statement or MediSave deduction notification