

**PROVISION OF TRANSPORTATION AND DIALYSIS ESCORT SERVICE FOR PATIENT'S
DIALYSIS SESSION**

(A) PRICE SCHEDULE FOR MEDICAL TRANSPORT SERVICE

	Unit Price (exclusive of GST)
Single Trip	S\$
Round Trip	S\$
Adhoc Trip (Single Trip)	S\$
Single & Adhoc Trip: Extra charges for weight exceed ≥ 100kg (Optional)	S\$
Round Trip: Extra charges for weight exceed ≥ 100kg (Optional)	S\$

- i. The price quoted should be inclusive of patient's weight, time, location, public holiday, PPE, usage of medical equipment etc. There should be no further change in charges.
- ii. Adhoc services are unscheduled services that are being requested for patients that do not have scheduled pickups with the Contractor, i.e. exceed number of trips scheduled in a month.
- iii. However, the Contractor is not allowed to charge adhoc services price if the number of trip is scheduled in a month, but on different days and shifts, including Sunday and Public Holidays.
- iv. Sundays and Public Holidays should be charged as price quoted above regardless scheduled or unscheduled trip.

The Contractors are requested to provide the following additional information:

1. Number of medical transport vehicle currently owned : _____
2. Number of medical transport vehicle allocated : _____

Number of slots committed would be the number of medical transport vehicle(s) allocated on each shift. (Medical Transport Service can only accommodate 1 patient in a vehicle.)

Day	* Shift	Number of slots (According to no. of vehicles allocated)
135	AM	
	Noon	
	PM	
246	AM	
	Noon	
	PM	

** Please refer to Annex A Scope of Service for Medical Transport for details shift timing. Contractors are obliged to ferry patient from pick up address to Dialysis Centre (DC) island-wide, as stated in Annex H List of Dialysis Centres, unless otherwise stated.*

Remarks (if any): _____

Accepted By:

Authorized Signature: _____

Date: _____

Signatory Name: _____

Signatory Title: _____

Telephone Number: _____

Contractor's Name: _____

Email Address: _____

Contractor's Stamp: _____

**PROVISION OF TRANSPORTATION AND DIALYSIS ESCORT SERVICE FOR PATIENT'S
DIALYSIS SESSION**

**(B) PRICE SCHEDULE FOR WHEELCHAIR ACCESSIBLE TRANSPORT
SERVICE**

	Unit Price (exclusive of GST)
Single Trip	S\$
Round Trip	S\$
Adhoc Trip (Single Trip)	S\$

Note:

- i. The price quoted should be inclusive of patient's weight, time, location, public holiday, PPE, usage of medical equipment etc. There should be no further change in charges.
- ii. Adhoc services are unscheduled services that are being requested for patients that do not have scheduled pickups with the Contractor, i.e. exceed number of trips scheduled in a month.
- iii. However, the Contractor is not allow to charge adhoc services price if the number of trip is scheduled in a month, but on different days and shifts, including Sunday and Public Holidays.
- iv. Sunday and Public Holiday should be charged as price quoted above regardless scheduled or unscheduled trip.

The Contractors are requested to provide the following additional information:

1. Number of medical transport vehicle currently owned: _____
2. Number of medical transport vehicle allocated: _____
3. Number of wheelchair patient(s) can be accommodated in a vehicle (please specify exact number): _____

Number of slots committed would be the number of wheelchair accessible vehicle(s) allocated on each shift multiply by number of wheelchair patient(s) can be accommodated in a vehicle.

Day	* Shift	Number of slots (According to no. of vehicles allocated)
135	AM	
	Noon	
	PM	
246	AM	
	Noon	
	PM	

** Please refer to Annex B Scope of Service for Wheelchair Accessible Transport for detailed shift timing. Contractors are obliged to ferry patient from pick up address to Dialysis Centre (DC) island-wide, as stated in Annex H List of Dialysis Centres, unless otherwise stated.*

Remarks (if any): _____

Accepted By:

Authorized Signature: _____

Date: _____

Signatory Name: _____

Signatory Title: _____

Telephone Number: _____

Contractor's Name: _____

Email Address: _____

Contractor's Stamp: _____

**PROVISION OF TRANSPORTATION AND DIALYSIS ESCORT SERVICE FOR PATIENT'S
DIALYSIS SESSION**

(C) PRICE SCHEDULE FOR DIALYSIS ESCORT SERVICE

	With Transport	Without Transport
SINGLE TRIP	S\$_____per single trip	S\$_____ per single trip
ROUND TRIP	S\$_____per round trip	S\$_____ per round trip

Note:

- i. Round trip would be that from door of patient's residence to the door of appointed dialysis centre and vice versa.
- ii. The price quoted should be inclusive of taking patient's weight, time, location, PPE, weekend, public holiday etc. There should be no further change in charges.
- iii. Sunday and Public Holiday should be charged as price quoted above regardless scheduled or unscheduled trip.

The Contractors are requested to provide the following additional information:

1. State type of vehicle if price is quoted with transport:

2. Number of Dialysis Escort(s) currently available: _____
3. Number of vehicle(s) currently owned if price is quoted with transport: _____
4. Number of patient(s) can be accommodated in a vehicle if price quoted with transport.
(Please specify exact number): _____



Accepted By:

Authorized Signature: _____

Date: _____

Signatory Name: _____

Signatory Title: _____

Telephone Number: _____

Contractor's Name: _____

Email Address: _____

Contractor's Stamp: _____

Company's Stamp & Signature:

**PROVISION OF TRANSPORTATION AND DIALYSIS ESCORT SERVICE FOR PATIENT'S
DIALYSIS SESSION**

**(D) PRICE SCHEDULE FOR GROUP PICK UP FOR WHEELCHAIR ACCESSIBLE
TRANSPORT AND/OR REGULAR VAN SERVICE (OPTIONAL RATE)**

Distance	Cost Per Trip (Exclusive of GST) From Dialysis Centre to Dialysis Centre (1 pick-up point)	Cost Per Trip (Exclusive of GST) Multiple pick-up points within indicated radius distance
≥ 10km	\$	\$
>10km and < 20 km	\$	\$
≥ 20km	\$	\$
Lease of vehicle for whole day 6am – 11pm	\$	
Cancellation of trip (less than 1 hour notice before the appointed collection time)	\$	\$

Note:

- i. The price quoted should be inclusive of patient's weight, time, location, public holiday, PPE, usage of medical equipment etc. There should be no further change in charges.
- ii. All prices quoted are exclusive of GST (Goods and Services Tax).
- iii. The "distance" means the shortest travel route between start point and the end point as calculated in Google map (currently found at <https://maps.google.com>).
- iv. Sunday and Public Holiday should be charged as price quoted above regardless scheduled or unscheduled trip.
- v. Please refer to Annex D Scope of Service for Group pick up for Wheelchair Accessible Transport and/or regular van for detailed shift timing. Contractors are obliged to ferry patient from pick up address to Dialysis Centre (DC) island-wide, as stated in Annex H List of Dialysis Centres, unless otherwise stated.

The Contractors are requested to provide the following additional information:

Seating Capacity

Number of wheelchair patient(s) and caregiver(s) can be accommodated in a vehicle.

(Please specify exact number):

Wheelchair patient(s): _____

Caregiver(s): _____



Accepted By:

Authorized Signature: _____

Date: _____

Signatory Name: _____

Signatory Title: _____

Telephone Number: _____

Contractor's Name: _____

Email Address: _____

Contractor's Stamp: _____

Company's Stamp & Signature:

**PROVISION OF TRANSPORTATION AND DIALYSIS ESCORT SERVICE FOR PATIENT'S
DIALYSIS SESSION**

**(E) PRICE SCHEDULE FOR PATIENT'S OCCUPATIONAL THERAPY SESSION
(WHEELCHAIR ACCESSIBLE TRANSPORT) SERVICE (OPTIONAL RATE)**

Wheelchair accessible vehicle	Unit Price (exclusive of GST)
Single Trip	\$
Round Trip	\$
Ad hoc Trip (Single)	\$
Door to Door (Single/Round Trip)	\$
Discounted price for more than 1 patient per vehicle	\$
Lease of vehicle for whole day 8am – 5pm (include driver and assistant)	\$
Cancellation of trip (less than 1 hour notice before the appointed collection time)	\$

Note: The price quoted should be inclusive of caregiver, time, location, public holiday etc. There should be no further change in charges.

**Do you provide pick up and drop off service at patient's house? Yes / No
(Please circle)**

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____