

**PROVISION OF TRANSPORTATION SERVICE FOR PATIENT'S DIALYSIS SESSION
(PARTNERSHIP)**

(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 $\geq 100\text{kg}$ (Optional)	S\$
Round Trip: Extra charges for weight exceed $\geq 100\text{kg}$ (Optional)	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 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 E 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: _____

Company's Stamp & Signature:

PROVISION OF TRANSPORTATION SERVICE FOR PATIENT'S DIALYSIS SESSION
(PARTNERSHIP)

(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 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. 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 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 E 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: _____