**MediSave Accreditation**

**Accreditation Process and Submission of Bank Forms to CPF Board**

**March 2025**

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**1. Accreditation Process Flow Chart For Medical Institutions (MIs)**



Note: Banks may take up to 4 weeks for processing of the bank forms. The accreditation process may take longer should there be any delay between steps 2 and 5.

**2. CPF Board Contact Details on Accreditation Matters**

|  |
| --- |
| **Contact Details** |
| Mailing Address (For mailing of bank forms) | Central Provident Fund BoardPrivy Box No. 920651Singapore 929292 |
| Write To Us | <https://www.cpf.gov.sg/writetous> |

# **3. Submission of Bank Forms required by CPF Board**

You will need to complete a total of **TWO** bank forms as part of your Medical Institution (MI)’s participation under the MediSave/MediShield Life Schemes. They are as follows:

|  |  |  |
| --- | --- | --- |
| **Name of Bank Form** | **Purpose** | **Form** |
| 1. [Pay MediSave Refunds and Interest Using Direct Debit Authorisation (Form MED/DDA)](#DDA2)
 | For CPF Board to debit the MI’s bank account for MediSave refunds and interest owed by the MINote: CPF Board will also credit MediSave/ MediShield Life payment for approved claims to the MI to this bank account. |  |
| 1. [Pay Financial Penalty/ Interest Us](#DDAFP2)[in](#DDAFP2)[g Direct Debit Authorisation (Form AFP/DDA)](#DDAFP2)
 | For CPF Board to debit the MI’s bank account for administrative financial penalty or interest for the late payment of the penalty imposed on the MI. |  |

The following pages will show you templates of the bank forms to submit. You may “Ctrl + click” each number (e.g. [**①**](#PCN2)) on the template bank forms and be directed to relevant pages for the explanation of each field or where the information may be obtained.

Please submit the two **original** and signed DDA forms to CPF board at our mailing address:

Central Provident Fund Board

Privy Box No. 920651

Singapore 929292

## **3.1** [**DDA Form -** **Pay MediSave Refunds and Interest Using Direct Debit Authorisation**](#DDA1) **(SAMPLE)**

 

## **3.2** [**DDA Form - Pay Finan****cial Penalty / Interest**](#DDAFP1) **(SAMPLE)**



|  |  |
| --- | --- |
| **DDA Forms (For both MediSave Refunds and Interest and Financial Penalty)** | 1. [Name of Medical Institution](#DDA2) This is the name of the Medical Institution printed on the MOH License (refer to the *Name of Premises*).
2. [Hospital Code](#DDA2)Refers to MI’s assigned Hospital Code. Leave this field blank if you do not know MI’s assigned Hospital Code.

1. [Name (as in Bank Account)](#DDA2)The Account Name that is registered with the bank for business transactions.

*Note: The name of the bank account for Incorporated Business (Pte Ltd) should be the company’s name (e.g. ABC Dental Pte. Ltd.) and not a personal bank account.* *For Sole-proprietorship and Partnership, it may be the business owner’s or clinic’s or partners’ name (e.g. Anne Lim).*1. [Bank’s Name](#DDA2)Name of MI’s bank.

1. [Bank Account No.](#DDA2)The Bank Account number according to the bank’s record.

1. [Contact number](#DDA2)The contact number of the person-in-charge (PIC) of the MI’s application for MediSave accreditation, billing and/or general administrative matters.

1. [Email](#DDA2)The company’s / MI’s email address and/or its PIC.

1. [Signature/ Thumbprint (as in Bank’s record)](#DDA2)

Signature(s) / thumbprint of authorised person according to the bank’s records. |