

# Wisma MediExpress

F-G-7, Block F, Parklane Commercial Hub, Jalan SS7/26, 47301 Kelana Jaya, Selangor Tel No. : 03-7884 1818 Fax No.:03-7809 9222

## HOSPITAL & SURGICAL CLAIMS - WORKSHEET

Insured:	<u>Violet Maitland</u>	Plan Type:	<u>M674</u>	Member No:	<u>AAE7412_3</u>
Patient:	<u>Violet Maitland</u>	Payor :	<u>AY</u>	Claim No :	<u>AE8523</u>
		Curent Pol. Eff			
Hospital:	<u>PARKCITY MEDICAL CENTRE SDN BHD</u>	Date :	<u>23/03/2018</u>	Policy No :	<u>502-2716541</u>
Disability:	<u>GASTRITIS</u>	ICD Code :	<u>K52, K29</u>	X-Ref Claim No:	<u>-</u>
Remarks		DOA	<u>10/04/2023</u>		
Group					
Company		DOD	<u>10/04/2023</u>	Follow-up Date :	<u>44,933.00</u>

	Benefit	Limit	Actual	Actual GST	Total Actual	Approved	Not Payable
HOSPITAL	Room & Board						
	0 Days @ RM 150 per day	-	-	-	-	-	-
	Intensive Care Unit						
	0 Days @ RM 0 per day	0	-	-	-	-	-
	Hospital Supplies& Services	0	-	-	-	-	-
SURGICAL	Operating Theatre	FULL	-	-	-	-	-
	MRI	-	-	-	-	-	-
	Pre-Hospital (X-ray & Lab)	1,765.00	-	-	-	-	-
	Pre-Hospital Specialist Fee	235.00	-	-	-	-	-
NON-SURGICAL	Surgical Fees	FULL	-	-	-	-	-
	Anaesthetic's Fees	0	-	-	-	-	-
	Pre- Hospitalisation Services	-	-	-	-	-	-
	In-Hospital Physician visit	-	-	-	-	-	-
OUT-PATIENT BENEFITS	Post Hospitalisation Treatment	0.00	-	-	-	-	-
	Medical Benefit	-	-	-	-	-	-
	Emergency Out-patient (Accident)	-	-	-	-	-	-
	Ambulance Fee	350.00	-	-	-	-	-
OTHERS	Outpatient Physiotherapy Treatment	-	-	-	-	-	-
	Monthly Kidney Dialysis	-	-	-	-	-	-
	Cancer Treatment	-	-	-	-	-	-
	Medical Report	-	-	-	-	-	-
	Telephone charges	-	-	-	-	-	-
	Lodger						
	0 Days @ RM 0 per day	-	-	-	-	-	-
	Administration / Registration	-	-	-	-	-	-
	Home Nursing / Day Care	-	-	-	-	-	-
	Service Tax - R&B	-	-	-	-	-	-
	Service Tax - ICU	-	-	-	-	-	-
	Service Tax - Lodger	-	-	-	-	-	-
	Others	-	-	-	-	-	-
	Others - No Co-Pay	-	-	-	-	-	-
	Daily Cash Allowance at Govt Hospital						
	0 Days @ RM 0 per day	-	-	-	-	-	-
Bal Lmt After This Claim		95,170.27	95,170.27	-	-	-	-

### Other Not Claimable Items

Pre-hosp > 60  
GP fee  
Pre - Medicine  
Medical Report  
Pre-hosp Subsequent Specialist fee  
Post-hosp more than 31 days  
Post-hosp Different Physician

POST VISIT MORE THAN 60 DAYS FORM DISCHARGE  
01/07/2023 RM 595.00

Co-payment (R&B exceeded)

Underwriting Excess

Total Excess

Limit Exceeded

Hospital / Payor to Collect

Ex-Gratia(Not Payable)

Processing Fee

Major Medical Fee

Final Total

Hospitalization Excess Charges

Excess collected by Hospital

Amount Payable To Member

Pay To : Violet Maitland

Bank: \_\_\_\_\_

Account No : \_\_\_\_\_

Note : \_\_\_\_\_

-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
595.00			-	595.00
-			-	-
		-	-	-
		-	-	595.00
			-	-
			-	-
			-	-
595.00			-	595.00
			-	
			-	
			-	
			-	

Approved by:

Date :

EUMI

31/07/2023