

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:	Lena Fairbank	Plan Type:	M674	Member No:	AE7412_1
Patient:	Lena Fairbank	Payor :	AY	Claim No :	AE8521
		Curent Pol. Eff			
Hospital:	PARKCITY MEDICAL CENTRE SDN BHD	Date :	23/03/2018	Policy No :	502-5100646
	COLITIS				
Disability:	GASTRITIS	ICD Code :	K52, K29	X-Ref Claim No:	-
Remarks		DOA	10/04/2023		
Group					
Company		DOD	10/04/2023	Follow-up Date :	-

	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	-	-		-	-	-
	Operating Theatre	FULL	-		-	-	-
	MRI	-	-		-	-	-
SURGICAL	Pre-Hospital (X-ray & Lab)	1,765.00	15.00		15.00	15.00	-
	Pre-Hospital Specialist Fee	235.00	235.00		235.00	235.00	-
	Surgical Fees	FULL	-		-	-	-
	Anaesthetic's Fees	-	-		-	-	-
NON-SURGICAL	Pre- Hospitalisation Services	-	-		-	-	-
	In-Hospital Physician visit	-	-		-	-	-
	Post Hospitalisation Treatment	4,000.00	-		-	-	-
	Medical Benefit	-	-		-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)	-	-		-	-	-
	Ambulance Fee	350.00	-		-	-	-
	Outpatient Physiotherapy Treatment	-	-		-	-	-
	Monthly Kidney Dialysis	-	-		-	-	-
OTHERS	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	94,920.27	95,170.27	250.00	-	250.00	250.00

Other Not Claimable Items

Pre-hosp > 60	-			-	-
GP fee	-			-	-
Pre - Medicine	63.10			-	63.10
Medical Report	-			-	-
Pre-hosp Subsequent Specialist fee	110.00			-	110.00
Post-hosp more than 31 days	-			-	-
Post-hosp Different Physician	-			-	-
Others	-			-	-
	-			-	-
Co-payment (R&B exceeded)				-	-
Underwriting Excess				-	-
Total Excess				-	173.10
Limit Exceeded				-	-
Hospital / Payor to Collect					
Ex-Gratia(Not Payable)				-	-
Processing Fee				-	-
Major Medical Fee				-	-
Final Total	423.10			250.00	173.10
Hospitalization Excess Charges				-	-
Excess collected by Hospital				-	-
Amount Payable To Member				250.00	

Pay To : Lena Fairbank
 Bank: _____
 Account No : _____
 Note : _____