

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:	CherylHalsall	Plan Type:	BT42	Member No:	AE7412_5
Patient:	CherylHalsall	Payor :	AQ	Claim No :	AE8525
Hospital:	GENERAL PRACTITIONER	Current Pol. Eff		Policy No :	502-5109152
		Date :	13/05/2022		
Disability:	LACERATION WOUND RIGHT FOREHAND WITH 5 STITCHES	ICD Code :	S61	X-Ref Claim No:	-
Remarks		DOA	29/05/2023		
Group					
Company		DOD	29/05/2023	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	FULL	-	-	-	-	-
	Operating Theatre	FULL	-	-	-	-	-
	MRI	-	-	-	-	-	-
SURGICAL	Pre-Hospital (X-ray & Lab)	2,000.00	-	-	-	-	-
	Pre-Hospital Specialist Fee	.00	-	-	-	-	-
	Surgical Fees	FULL	-	-	-	-	-
	Anaesthetic's Fees	FULL	-	-	-	-	-
NON-SURGICAL	Pre- Hospitalisation Services	-	-	-	-	-	-
	In-Hospital Physician visit	FULL	-	-	-	-	-
	Post Hospitalisation Treatment	4,000.00	-	-	-	-	-
	Medical Benefit	-	-	-	-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)	FULL	240.00	-	240.00	240.00	-
	Ambulance Fee	350.00	-	-	-	-	-
	Outpatient Physiotherapy Treatment	-	-	-	-	-	-
	Monthly Kidney Dialysis	-	-	-	-	-	-
OTHERS	Cancer Treatment	-	-	-	-	-	-
	Medical Report	200.00	-	-	-	-	-
	Telephone charges	-	-	-	-	-	-
	Lodger 0 Days @ RM 0 per day	-	-	-	-	-	-
	Administration / Registration	-	-	-	-	-	-
	Home Nursing / Day Care	4,000.00	-	-	-	-	-
	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	.00	-	-	-	-	-
	Bal Lmt After This Claim	119,760.00	120,000.00	240.00	-	240.00	-

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	-	-	-	-
Others	-	-	-	-
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	240.00	-	240.00	-
Hospitalization Excess Charges	-	-	-	-
Excess collected by Hospital	-	-	-	-
Amount Payable To Member	-	-	240.00	-

Pay To : CherylHalsall
 Bank: _____
 Account No : _____
 Note : _____

Approved by: _____
 Date : 31/07/2023