

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

Insured:	Vincent Allen	Plan Type:	M674	Member No:	AE7412_6
Patient:	Vincent Allen	Payor :	AY	Claim No :	AE8526
		Curent Pol. Eff			
Hospital:	PANTAI HOSPITAL SUNGAI PETANI	Date :	28/12/2011	Policy No :	502-3512583
Disability:	RECURRENT STROKE	ICD Code :	I63, I63	X-Ref Claim No:	-
Remarks		DOA	25/07/2022		
Group					
Company		DOD	28/07/2022	Follow-up Date :	25/09/2023, 25/09/2023

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			0.00	-		-	-	-
NON-SURGICAL	Pre- Hospitalisation Services			-	-		-	-	-
	In-Hospital Physician visit			FULL	-		-	-	-
	Post Hospitalisation Treatment			0.00	-		-	-	-
	Medical Benefit			-	-		-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)			-	-		-	-	-
	Ambulance Fee			350.00	-		-	-	-
	Outpatient Physiotherapy Treatment			-	-		-	-	-
	Monthly Kidney Dialysis			-	-		-	-	-
	Cancer Treatment			-	-		-	-	-
OTHERS	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			100,000.00	100,000.00	-	-	-	-

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 HOSP > 60 DAYS 25/9/23 [RM 564.10]

-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
26.30			-	26.30
564.10			-	564.10
-			-	-
		-	-	-
		-	-	-
				590.40
			-	-
			-	-
			-	-
			-	-
590.40			-	590.40
			-	
			-	
			-	

Pay To :	Vincent Allen
Bank:	
Account No :	
Note :	

This is a system/computer generated document, no signature is required.