

# 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:	M686	Member No:	AAE7412_10
Patient:	CherylHalsall	Payor :	AY	Claim No :	AAE85210
		Current Pol. Eff			
Hospital:	PANTAI HOSPITAL KUALA LUMPUR	Date :	14/11/2020	Policy No :	502-1884512
Disability:	MILD STROKE	ICD Code :	116, I64	X-Ref Claim No:	-
Remarks		DOA	29/05/2023		
Group					
Company		DOD	31/05/2023	Follow-up Date :	45,175.00

	Benefit	Limit	Actual	Actual GST	Total Actual	Approved	Not Payable
HOSPITAL	Room & Board						
	0 Days @ RM 150 per day	0.00	-	-	-	-	-
	Intensive Care Unit						
	0 Days @ RM 0 per day	0.00	-	-	-	-	-
	Hospital Supplies& Services	FULL	-	-	-	-	-
SURGICAL	Operating Theatre	FULL	-	-	-	-	-
	MRI	-	-	-	-	-	-
	Pre-Hospital (X-ray & Lab)	2,000.00	-	-	-	-	-
	Pre-Hospital Specialist Fee	.00	-	-	-	-	-
NON-SURGICAL	Surgical Fees	FULL	-	-	-	-	-
	Anaesthetic's Fees	0	-	-	-	-	-
	Pre- Hospitalisation Services	-	-	-	-	-	-
	In-Hospital Physician visit	FULL	-	-	-	-	-
OUT-PATIENT BENEFITS	Post Hospitalisation Treatment	4,000.00	1,270.00		1,270.00	1,270.00	-
	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		87,153.00	88,423.00	1,270.00	-	1,270.00	1,270.00

### 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

CRESTOR > 60 DAYS [RM 83], EXFORGE > 60 DAYS[RM 30], FORXIGA> 60 DAYS [RM 86], NEBILET > 60 DAYS[RM 32], SPIRO > 60 DAYS[RM 6]

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

-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
237.00			-	237.00
-			-	-
-		-	-	-
-		-	-	-
			-	237.00
			-	-
			-	-
			-	-
1,507.00			1,270.00	237.00
			-	-
			-	-
			1,270.00	

Pay To : CherylHalsall  
Bank:  
Account No :  
Note :

Approved by:

Date :

NOORADIBA

28/07/2023