

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:	Melissa Crocket	Plan Type:	BT41	Member No:	AE7412_8
Patient:	Melissa Crocket	Payor :	AQ	Claim No :	AAE8528
		Curent Pol. Eff			
Hospital:	AVISENA SPECIALIST HOSPITAL	Date :	13/04/2022	Policy No :	502-5285821
Disability:	DISC	ICD Code :	M51	X-Ref Claim No:	-
Remarks		DOA	01/12/2022		
Group					
Company		DOD	01/12/2022	Follow-up Date :	19/12/2022

	Benefit	Limit	Actual	Actual GST	Total Actual	Approved	Not Payable
HOSPITAL	Room & Board						
	1 Days @ RM 150 per day	150.00	195.00	-	195.00	150.00	45.00
	Intensive Care Unit						
	0 Days @ RM 0 per day	0.00	-		-	-	-
	Hospital Supplies& Services	FULL	5,036.65		5,036.65	5,036.65	-
	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	235.00		235.00	235.00	-
	Post Hospitalisation Treatment	4,000.00	281.70		281.70	281.70	-
	Medical Benefit	-	-		-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)	-	-		-	-	-
	Ambulance Fee	350.00	-		-	-	-
	Outpatient Physiotherapy Treatment	-	-		-	-	-
	Monthly Kidney Dialysis	-	-		-	-	-
	Cancer Treatment	-	-		-	-	-
OTHERS	Medical Report	200.00	80.00		80.00	80.00	-
	Telephone charges	-	-		-	-	-
	Lodger						
	0 Days @ RM 0 per day	0.00	-		-	-	-
	Administration / Registration	-	-		-	-	-
	Home Nursing / Day Care	-	-		-	-	-
	Service Tax - R&B	9.00	-		-	-	-
	Service Tax - ICU	-	-		-	-	-
	Service Tax - Lodger	-	-		-	-	-
	Others	-	-		-	-	-
	Others - No Co-Pay	-	-		-	-	-
	Daily Cash Allowance at Govt Hospital						
	0 Days @ RM 0 per day	0.00	-		-	-	-
	Bal Lmt After This Claim	114,136.65	119,920.00	5,828.35	-	5,828.35	45.00

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

PPE ISOLATION 2/12/22 [RM 40], COVID TEST [RM 90],
DEDUCTABLE [RM 250], SWABBING PROCEDURE [RM
11.95]BIONERV 19/12/22 [RM 51], PERSKINDOL
19/12/22 [RM 33]

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

-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
475.95			-	475.95
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
6,304.30			5,783.35	520.95
			-	-
			-	-
			5,783.35	

Pay To : Melissa Crocket
Bank: _____
Account No : _____
Note : _____