

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:	Derek Hunt	Plan Type:	M686	Member No:	AE7412_9
Patient:	Derek Hunt	Payor :	AY	Claim No :	AE8529
Hospital:	SUNWAY MEDICAL CENTRE	Curent Pol. Eff		Policy No :	502-3035958
Disability:	BONE	Date :	28/08/2018	X-Ref Claim No:	-
Remarks		ICD Code :			
Group		DOA	10/05/2023		
Company		DOD	10/05/2023	Follow-up Date :	30/05/2023, 27/06/2023

	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	-	-	-	-	-	-
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	-	-	-	-	-	-
	Pre- Hospitalisation Services	-	-	-	-	-	-
	In-Hospital Physician visit	-	-	-	-	-	-
OUT-PATIENT BENEFITS	Post Hospitalisation Treatment	4,000.00	-	-	-	-	-
	Medical Benefit	-	-	-	-	-	-
	Emergency Out-patient (Accident)	FULL	616.55		616.55	616.55	-
	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	99,383.45	100,000.00	616.55	-	616.55	616.55

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

SP Walker 12/05/2023 RM 875.00, VISIT MORE THAN 14
DAYS FROM ACCIDENT 30/05/2023 RM 203.40, VISIT
MORE THAN 14 DAYS FROM ACCIDENT 27/06/2023 RM
203.40,

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

Pay To : Derek Hunt
Bank:
Account No :
Note :

-			-	-
-			-	-
-			-	-
70.00			-	70.00
-			-	-
-			-	-
78.00			-	78.00
1,281.80			-	1,281.80
-			-	-
-			-	-
-			-	-
-			-	-
2,046.35			616.55	1,429.80
			-	-
			-	-
			616.55	

Approved by:

Date :

EUMI

31/07/2023