

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:	Wayne Miller	Plan Type:	AL88	Member No:	AE7412_8
Patient:	Wayne Miller	Payor :	AY	Claim No :	AE8528
Hospital:	PANTAI HOSPITAL PENANG	Curent Pol. Eff		Policy No :	502-3851414
Disability:	PNEUMONIA	Date :	28/04/2016	X-Ref Claim No:	-
Remarks		ICD Code :	I64, J18		
Group		DOA	03/01/2023		
Company		DOD	14/01/2023	Follow-up Date :	28/01/2023

	Benefit	Limit	Actual	Actual GST	Total Actual	Approved	Not Payable
HOSPITAL	Room & Board 0 Days @ RM 250 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)	.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	FULL	1,260.70	-	1,260.70	1,260.70	-
	Medical Benefit	-	-	-	-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)	-	-	-	-	-	-
	Ambulance Fee	350.00	-	-	-	-	-
	Outpatient Physiotherapy Treatment	-	-	-	-	-	-
	Monthly Kidney Dialysis	-	-	-	-	-	-
OTHERS	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	18,574.53	19,835.23	1,260.70	-	1,260.70	1,260.70

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
LEXAPRO 28/1/23 [RM 176.40],

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

-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
176.40			-	176.40
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
-			-	-
1,437.10			1,260.70	176.40
			-	
			-	
			1,260.70	

Pay To : Wayne Miller
Bank: _____
Account No : _____
Note : _____

Approved by: NOORADIBA
Date : 31/07/2023