Wisma MediExpress

F-G-7. Block F. Parklane Commercial Hub. Jalan SST/26. 47301 Kelana Java. Selangor Tel No.: 03-7884 1818 Fax No: 03-7809 9222

urod:	Long Egithank	HOSPITAL & SU		HOLMONE		Mombor No	AE7442 4
sured:	Lena Fairbank	Plan Type:	M674			Member No:	AE7412_1
Patient: Hospital:	Lena Fairbank	Payor :	AY			Claim No :	AE8521
		Curent Pol. Eff				26.0	20100000
	PARKCITY MEDICAL CENTRE SDN BHD	Date :	23/03/2018			Policy No :	502-5100646
	COLITIS	100.0.1					
ability:	GASTRITIS	ICD Code :	K52, K29			X-Ref Claim No:	-
marks		DOA	10/04/2023				
oup							
mpany		DOD	10/04/2023			Follow-up Date :	
				Actual	Total	11-2	
	Benefit	Limit	Actual	GST	Actual	Approved	Not Payable
	Room & Board						
HOSPITAL	0 Days @ RM 150 per day	19	19	-	-	-	
	Intensive Care Unit	1.					
	0 Days @ RM 0 per day	0	(-)		15	-	-
_	Hospital Supplies& Services		(-)				-
	Operating Theatre MRI	FULL	121		172		
		-	-		-		
SURGICAL	Pre-Hospital (X-ray & Lab)	1,765.00	15.00		15.00	15.00	
	Pre-Hospital Specialist Fee	235.00	235.00		235.00	235.00	-
	Surgical Fees	FULL	-		-	-	
	Anaesthetic's Fees						
		-	-		1-1	-	-
IT NON- SURGICAL	Pre- Hospitalisation Services	i.	D=1		-	-	-
	In-Hospital Physician visit	=	-		-		18
	Post Hospitalisation Treatment	4,000.00	7-2				
	Medical Benefit		-				
	Emergency Out-patient (Accident)		-	-	-	-	
OUT-PATIENT BENEFITS	Ambulance Fee	350.00		-			
		330.00	100		-	-	
- H	Outpatient Physiotherapy Treatment	-	100		-	-	
0	Monthly Kidney Dialysis	-	-		-	E	14
	Cancer Treatment	-	0-		-	-	
OTHERS	Medical Report	-	(-)		-		1
	Telephone charges	-	0=		<u> </u>	-	
	Lodger						
	0 Days @ RM 0 per day	-		-	(-)	-	-
	Administration / Registration	-	-		-	-	-
	Home Nursing / Day Care		0.51			-	
	Service Tax - R&B	-	-		-	-	1-
	Service Tax - ICU				12-		
	Service Tax - Lodger Others	-	(-	-	1-
			15		-	-	
	Others - No Co-Pay Daily Cash Allowance at Govt Hospital				-		-
	0 Days @ RM 0 per day		22	0.0			
		94,920.27 95,170.27	250.00	-	250.00	250.00	
		71,020.27	200.00		200.00	200.00	
	Other Not Claimable Items	1					
	Pre-hosp > 60 GP fee					-	
	Pre - Medicine		63.10			-	63.
	Medical Report		-			-	-
	Pre-hosp Subsequent Specialist fee		110.00			-	110.
	Post-hosp more than 31 days		-	-		-	110.
	Post-hosp Different Physician		-	-			
	Others		_				
	Culoro		-	-			
	Co-payment (R&B exceeded)			-			
	Underwriting Excess			-		2/	
	Total Excess						173.
	Limit Exceeded						
	Hospital / Payor to Collect						
	Ex-Gratia(Not Payable)						-
	Processing Fee						
	Major Medical Fee						
	Final Total		423.10	I		250.00	173
	Hospitalization Excess Charges			•			
	Excess collected by Hospital						
	Amount Payable To Member					250.00	
To:	Lena Fairbank						
k:							
	-						
k:							

EUMI Date: 31/07/2023