

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

Insured:	Glen Walker	Plan Type:	M674	Member No:	AAE7412_2
Patient:	Glen Walker	Payor :	AY	Claim No :	AE8522
Hospital:	HOSPITAL CANSELOR TUANKU MUHRIZ UKM (HCTM)	Curent Pol. Eff		Policy No :	502-5100782
	ASCENDING CHOLANGITIS SECONDARY TO				
Disability:	CHOLEDOCHOLITHIASIS	ICD Code :	K80	X-Ref Claim No:	-
Remarks		DOA	24/04/2023		
Group					
Company		DOD	27/04/2023	Follow-up Date :	-

Other Not Claimable Items

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 : Glen Walker

Bank: _____

Account No : _____

Note :

Approved by: EUMI
Date : 31/07/2023