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

, 2		SPITAL & SU	JRGICAL CLAI	MS - WORKSH	EET		
Insured:	Glen Walker	Plan Type:	M674			Member No:	AAE7412_2
Patient:	Glen Walker	Payor:	AY	•		Claim No :	AE8522
i auciii.	Oleff Walker	Curent Pol. Eff	Al			Ciaiii NO .	ALUJZZ
Hospital:	HOSPITAL CANSELOR TUANKU MUHRIZ UKM (HCTM)	Date :	27/10/2016			Policy No :	502-5100782
	THOSE TITLE OF MODELE OF THE MOTH ME OF MIT (110 TM)		21710/2010			Tolloy 110 .	002 0100102
	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 :	-
				Actual	Total		
	Benefit	Limit	Actual	GST	Actual	Approved	Not Payable
HOSPITAL	Room & Board						
	0 Days @ RM 150 per day	0.00	-	-	-	-	-
	Intensive Care Unit 0 Days @ RM 0 per day	0.00					
	0 Days @ RM 0 per day Hospital Supplies& Services	FULL	958.00		958.00	958.00	-
	Operating Theatre	FULL	-		930.00	930.00	-
	MRI	-	-		-	-	_
	Pre-Hospital (X-ray & Lab)	2,000.00			_	_	_
SURGICAL		1					
	Pre-Hospital Specialist Fee	.00	-		-	-	-
	Surgical Fees	FULL	1,000.00		1,000.00	1,000.00	-
	Anaesthetic's Fees	-	-		-	-	-
r non- Surgical	Pre- Hospitalisation Services	-	-		-	-	-
	In-Hospital Physician visit	_	-		-	-	-
	Post Hospitalisation Treatment	4,000.00	_		_	-	-
		4,000.00					
	Medical Benefit	-	=		-	-	-
OUT-PATIENT BENEFITS	Emergency Out-patient (Accident)	-	-		-	-	-
	Ambulance Fee	350.00	-		-	-	-
	Outpatient Physiotherapy Treatment	-	-		-	-	-
ō	Monthly Kidney Dialysis	-	-		-	-	-
	Cancer Treatment	-	-		-	-	-
OTHERS	Medical Report	-	-		-	-	-
	Telephone charges	-	=		-	-	-
	Lodger 0 Days @ RM 0 per day	0.00	_	_	_	_	_
	Administration / Registration	-	<u> </u>		-	-	-
	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 98,042.00	0.00 100,000.00	1,958.00	-	1,958.00	1,958.00	-
		100,000.00	1,956.00	-	1,956.00	1,956.00	•
	Other Not Claimable Items				I	ı	1
	Pre-hosp > 60 GP fee					-	•
	Pre - Medicine		-			-	
	Medical Report					-	
	Pre-hosp Subsequent Specialist fee					-	
	Post-hosp more than 31 days					-	
	Post-hosp Different Physician						
	COVID-19 TEST		60.00			-	60.00
						-	
	Co-payment (R&B exceeded)				-	-	-
	Underwriting Excess				-	•	-
	Total Excess Limit Exceeded						60.00
	Hospital / Payor to Collect					•	
Ex-Gratia(Not Payable)							
	Processing Fee				-	-	
	Major Medical Fee				•		
	Final Total		2,018.00			1,958.00	60.00
	Hospitalization Excess Charges			1	-		
	Excess collected by Hospital					-	
	Amount Payable To Member					1,958.00	J
Pay To :	Glen Walker	_					
Bank:		=					
Account No : Note :		=					
14016 .		_					

Approved by: EUMI
Date : 31/07/2023