Wisma MediExpress

F-G-7. Block F. Parklane Commercial Hub. Jalan SS7/26. 47301 Kelana Java. Selangor Tel No. : 03-7884 1818 Fax No.:03-7809 9222

| Page | | | НО | SPITAL & S | URGICAL CLAI | MS - WORKSH | EET | | |
|--|--------------|---------------------------------|-----------|-----------------|--------------|-------------|--------|------------------|-------------|
| CONSTRUCTORIES Dec 13850022 Pulsy No 200 6199152 | Insured: | | | Plan Type: | BT42 | | | Member No: | AE7412_5 |
| ACCIDENTAL PROCESSION PRODUCTION OF THE PROCESSION PR | Patient: | CherylHalsall | | Payor : | AQ | | | Claim No : | AE8525 |
| ACCRUTION VOLAD RIGHT FOSCHWIN WITH 5 STOCK | Hospital: | | | Curent Pol. Eff | | | | | |
| March Second State Color Color | | | | Date : | 13/05/2022 | | | Policy No : | 502-5109152 |
| March Second State Color Color | | | | • | | • | | | |
| March Second State Color Color | | LACEBATION WOLIND BICHT FOREHAN | ID WITH E | | | | | | |
| DOA | Disability: | | כ חווא טא | ICD Code : | 961 | | | Y Dof Claim No: | |
| DOD 2405-02723 Fallowsp Dale Fallowsp | - | OTTOTIES | | • | | | | A-Ner Claim No. | - |
| Part Post | | | | DOA | 29/05/2025 | | | | |
| Remark Remark Benerif Limit Actual Actual Actual Approved Not Payable | | | | DOD | 20/05/2022 | | | Fallering Date : | |
| The Count of State | Company | | | DOD | 29/03/2023 | Astual | Tatal | Follow-up Date : | <u>-</u> |
| | | B 51 | | , | | | | | N (B) (|
| Page | | | | Limit | Actual | 001 | Actual | Approved | Not Payable |
| The part Cap Links | HOSPITAL | | | | | | | | |
| Operating Theories | | | perday | - | - | - | - | - | - |
| Operating Theories | | | nor do. | 0 | | | | | |
| Operating Theories | | U Days @ Rivi U | perday | | - | | | - | - |
| No. Pro- P | | | | | + | | | | |
| Pin Hotophia (Xony & Lab) | | | | | | | | | |
| Pine-Hospital Specialist Fee 50 | | | | | | | | | |
| Surgicial Fees | | Pre-Hospital (X-ray & Lab) | | 2,000.00 | - | | - | - | - |
| Pre- Hospitalisation Services Full Ful | URGICAL | Pre-Hospital Specialist Fee | | .00 | - | | - | - | - |
| Pre- Hospitalisation Services Full Ful | | Surgical Fees | | FULL | _ | | - | _ | - |
| Pre- Hospitalisation Services Full Ful | | | | | | | | | |
| Modical Benedit | | | | 1 OLL | | | | | |
| Modical Benedit | | | | - | - | | - | - | - |
| Modical Benedit | | In-Hospital Physician visit | | FULL | - | | - | - | - |
| Page | | Post Hospitalisation Treatment | | 4,000.00 | - | | - | - | - |
| Page | | Medical Benefit | | - | - | | - | - | - |
| Cancer Treatment | | | | FULL | 240.00 | | 240.00 | 240.00 | _ |
| Cancer Treatment | | | | | | | | | |
| Cancer Treatment | | | | | | | | | |
| Cancer Treatment | | | | - | | | | | |
| Medical Report | 0 | | | - | | | | | |
| Telephone chargos | | | | | | | | | |
| ### Description | OTHERS | - | | | | | | | |
| ### 1 | | | | - | - | | - | - | - |
| Administration Registration - - - - - - - - - | | | | | | | | | |
| Home Nursing / Day Care | | | perday | | | - | | | |
| Service Tax - R&B | | | | | + | | | | |
| Service Tax - Lodger | | | | | | | | | |
| Service Tax - Lodger | | | | | | | | | |
| Others - No Co-Pay | | | | _ | _ | | _ | _ | _ |
| Others - No Co-Pay | | | | - | _ | | - | _ | - |
| Daily Cash Allowance at Govt Hospital | | | | - | - | | - | - | |
| Days @ RM | | | | | | | | | |
| Bal Lmt After This Claim 119,760.00 120,000.00 240.00 - 240.00 240.00 240.00 240.00 | | | per day | .00 | _ | _ | _ | _ | _ |
| Other Not Claimable Items | | | | | 240.00 | | 240.00 | 240.00 | |
| Pre-hosp > 60 | | | , | , | | | | | |
| GP fee Pre - Medicine Medical Report Pre-hosp Subsequent Specialist fee Post-hosp more than 31 days Post-hosp Different Physician Others 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 CherylHalsall Bank: Account No: | | | | | | | | | |
| Pre - Medicine . | | · | | | | | | | |
| Medical Report | | | | | | | | | |
| Pre-hosp Subsequent Specialist fee Post-hosp more than 31 days Post-hosp Different Physician Others 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: Bank: Account No: | | | | | | | | | |
| Post-hosp more than 31 days | | | | | | | | | |
| Post-hosp Different Physician | | | | | | | | - | |
| Co-payment (R&B exceeded) | | | | | | | | - | |
| 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: CherylHalsall Bank: Account No: | | | | | | | | - | |
| 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: CherylHalsall Bank: Account No: | | Co-payment (R&B exceeded) | | | | | | - | |
| Limit Exceeded | | | | | | | | - | |
| Hospital / Payor to Collect Ex-Gratia(Not Payable) - - - - - - - - - | | Total Excess | | | | | | | |
| Ex-Gratia(Not Payable) Processing Fee | | Limit Exceeded | | | | | | - | |
| Processing Fee | | | | | | | | | |
| Major Medical Fee | | | | | | | | - | |
| Final Total | | Major Medical Fee | | | | | | - | <u> </u> |
| Hospitalization Excess Charges | | | | | | | | | <u> </u> |
| Excess collected by Hospital | | | | | 240.00 | | | 240.00 | <u> </u> |
| Amount Payable To Member 240.00 Pay To : CherylHalsall Bank: CherylHalsall Account No : CherylHalsall | | | | | | - | | - | |
| Pay To : CherylHalsall Bank: Account No : | | | | | | | | • | |
| Bank: Account No : | | | | | | | | 240.00 | |
| Account No : | Pay To : | CherylHalsall | | | | | | | |
| | Bank: | | | • | | | | | |
| Note: | Account No : | | | • | | | | | |
| | Note : | | | • | | | | | |

Approved by: EUMI
Date : 31/07/2023