



HOSPITAL CANSELOR TUANKU MUHRIZ,
PUSAT PERUBATAN UKM
JALAN YAACOB LATIF, BANDAR TUN RAZAK
56000 CHERAS, KUALA LUMPUR
TEL: 03-91455555 FAX: 03-91738606
GST NO.: 000935043072

No. Siri / Serial No : HI 134485

No. Resit / Receipt No : RPT1146526

2017/268186

Tarikh / Date : 30/09/2017

Kod Pusat / Cost Centre : UHT

ID : FUZA

RESIT RASMI / OFFICIAL RECEIPT

Kod / Nama Pelanggan : N690997 / SARVINDRAN NAIR, KRISHNAN KUTTY	Kaedah Bayaran	Amaun (RM)
Code / Patient Name	Payment Method	Amount
Kod / Nama Pembayar : SARVINDRAN NAIR, KRISHNAN KUTTY	CC (4599144102320772)	156.80
Code / Payer Name		
Alamat Pembayar : NO. 13, JALAN BUNGA RAYA 7		
Address		
TAMAN BUNGA RAYA		
33000 KUALA KANGSAR		
PERAK		
MALAYSIA	Jumlah / Total (RM)	156.80

Ringgit Malaysia / Malaysian Ringgit : SATU RATUS LIMA PULUH ENAM RINGGIT DAN LAPAN PULUH SEN SAHAJA

Keterangan Bayaran / Payment Description : XR_CHEST, XR_SHOULDER, XR_PELVIC, XR_FEMUR, XR_FEMUR, YURAN PENDAFTARAN PESAKIT K

CEMASAN

Nama Rawatan Treatment	Kod Cukai Tax Code	Jumlah Sebelum GST Total Excluding GST	Jumlah GST Total GST	Jumlah Dengan GST Total Inclusive GST	Nota / Notes
RADIOLOGI	ES(0%)	125.00	0.00	125.00	
YURAN PENDAFTARAN PESAKIT	SR(6%)	30.00	1.80	31.80	

ASAL

Zurich Insurance Malaysia Berhad

RECEIVED
16 OCT 2017

Admin & Technical
Ipoh Branch

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**PANTAI
HOSPITAL**
Ipoh

Paloh Medical Centre Sdn Bhd (214811-P)
GST Reg No.: 000177508352
126, Jalan Tambun
31400 Ipoh, Perak
Tel: 605 5405555 Fax: 605 5451163
www.pantai.com.my email: my.phl.info@parkwaypantai.com

**TAX INVOICE
INPATIENT BILL - SUMMARY**

Payor

MEDIEXPRESS (MALAYSIA) SDN BHD
CLAIMS DEPARTMENT
F-G-7, BLOCK F, PARKLANE COMMERCIAL HUB
NO. 21 JALAN SS 7/26, KELANA JAYA
47301
SELANGOR
Attn: MS YAP SIEW PING

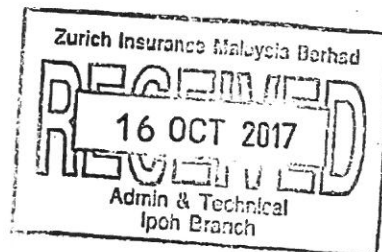
SERVICE RECIPIENT

Title :
Patient Name : SARVINDRAN NAIR A/L KRISHNAN KUTTY
Patient Add : NO 13
JLN BUNGA RAYA 7
TMN BUNGA RAYA
33000 KUALA KANGSAR
PERAK
ID No. : 870916385115
MRN : 17017198

Page : 2
Bill No. : I170027570
Bill Date/Time : 04/10/2017 16:02:21
Prepared By : FYAMUNAA
Account : M000010253
Credit Term : 60 days
Adm Date/Time : 02/10/2017 16:09:25
Dis Date/Time : 04/10/2017 12:26:37
Ward/Rm/Bed/Type : GWDB/2033/2033D/4BED
Charge Type : IP
Length of Stay(LOS) : 3 DAYS
GL No :
Bill Type : FINAL BILL
Admission No : 17IP10000090
Admitting Dr : DR. SUPPARAMANIAM A/L NARAYANAN

DESCRIPTION	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	GST (RM)	TAX CODE	PAYABLE (RM)
RPT. FEE XRAY CERVICAL SPINE 2 VIEWS (AP AND LATERAL)			19.66			19.66
RPT. FEE XRAY LUMBOSACRAL SPINE 3 VIEWS (AP,LATERAL AND CONED)			23.58			23.58
RPT. FEE XRAY PELVIS AP/PA			15.90			15.90
RPT. FEE XRAY SHOULDER JOINT - RIGHT			19.40			19.40
SUB TOTAL			78.54			78.54
GRAND TOTAL			5,386.95	0.00		5,386.95
TOTAL BILL AMOUNT						5,386.95

ES - EXEMPT SUPPLIES 0%



Print Date/Time : 04/10/2017 16:02:22 FYAMUNAA

Remarks :

Note: Payment by cheques only acceptable for corporate accounts. Cheque should be crossed "Account Payee Only" to "PALOH MEDICAL CENTRE SDN BHD" E.&O.E.
Any charges not accounted for at the time of discharge will be billed accordingly.



ACCREDITED
HOSPITAL



**HOSPITAL FATIMAH (125542-U)**

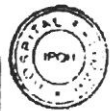
1, Lebuah Chew Peng Loon, Off Jalan Dato' Lau Pak Khuan,
Ipoh Garden, 31400 Ipoh, Perak, Malaysia

Tel: 605-5455777, 5455713, 5455725, 5456622.

Fax: 6 (05)-5477050 (General Line), 6 (05)-5499237 (Admission/Accounts & Billing Department)

E-mail: enquiry@fatimah.com.my

GST Reg No: 000909918208

**INTERIM BILL**

Patient Name : SARVINDRAN NAIR A/L KRISHNAN KUTTY	Date : 21/10/2017 14:00:50
Payee : MEDIEXPRESS (MALAYSIA) SDN BHD	Debtor Code : M0145
	MRN : MR-0233762
: F-G-7, BLOCK F,	Admission Date : 20/10/2017 12:54:00
PUSAT KOMERSIAL PARKLANE,	Discharge Date : 21/10/2017 09:10:00
NO.21, JALAN SS7/26,	Length of stay (days) : 1.0
47301 KELANA JAYA, SELANGOR	

Patient No	Admission No	Admitting Doctor	Ward/Room/Bed/Type
0440788	10000185356-1	DATO' DR. K.S. SIVANANTHAN	W2C/209-B/2

DESCRIPTION	Amount Due (RM)	Discount (RM)	Gross Amount (RM)	GST (RM)	Tax Code	Payable (RM)
HOSPITAL'S CHARGES						
ACCOMMODATION	175.00	26.25	148.75	0.00	ES	148.75
DRUGS AND MEDICINE	185.55	0.00	185.55	0.00	ES	185.55
MEDICAL / SURGICAL SUPPLIES	202.30	0.00	202.30	0.00	ES	202.30
MEDICAL EQUIPMENT	30.00	0.00	30.00	0.00	ES	30.00
MR/BONE DENSITY/MAMMOGRAM	1,007.00	0.00	1,007.00	0.00	ES	1,007.00
PHYSIOTHERAPY	85.00	0.00	85.00	0.00	ES	85.00
PROCEDURE	4.00	0.00	4.00	0.00	ES	4.00
X-RAY	98.00	0.00	98.00	0.00	ES	98.00
Sub total	1,786.85	26.25	1,760.60	0.00		1,760.60

**INDEPENDENT CONSULTANT
COLLECTION ON BEHALF OF DOCTOR**

CONSULTATION FEE						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	249.10	0.00	249.10			249.10
RADIOLOGIST FEE						
DR. ISHAK BIN ABU BAKAR	44.52	0.00	44.52			44.52
VISIT/MANAGEMENT FEES						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	222.60	0.00	222.60			222.60
Sub total	516.22	0.00	516.22			516.22

Total	2,303.07	26.25	2,276.82	0.00		2,276.82
Rounding Adjustment						-0.02
Total Payable						2,276.80
Less : Deposit						
Total Due						2,276.80
Tax Code	Tax Description	GST				
ES	GST EXEMPTED	0%				



TOTAL : 2,276.80
Additional Deposit Required :



HOSPITAL FATIMAH (125542-U)

1, Lebuah Chew Peng Loon, Off Jalan Dato' Lau Pak Khuan,
Ipoh Garden, 31400 Ipoh, Perak, Malaysia

Tel: 605-5455777, 5455713, 5455725, 5456622.

Fax: 6 (05)-5477050 (General Line), 6 (05)-5499237 (Admission/Accounts & Billing Department)

E-mail: enquiry@fatimah.com.my

GST Reg No: 000909918208



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TAX INVOICE

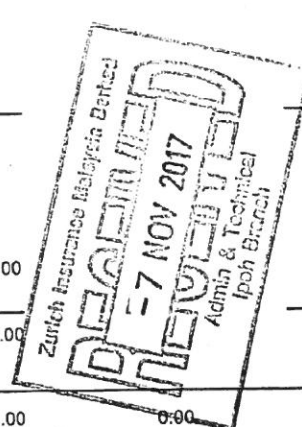
Payee : SARVINDRAN NAIR A/L KRISHNAN KUTTY

: NO 13 JALAN BUNGA RAYA 7
TAMAN BUNGA RAYA
33000 KUALA KANGSAR
PERAK

Invoice number/Date : OP0001851745 27/10/2017 12:32:00
Visit Date : 27/10/2017 12:31:36
Page : 1 of 1
Patient's name : SARVINDRAN NAIR A/L KRISHNAN KL
Patient's number : 0440788
Episode no : 00001653522-1

Payor :

DESCRIPTION	Amount Due (RM)	Discount (RM)	Gross Amount (RM)	GST (RM)	Tax Code	Payable (RM)
INDEPENDENT CONSULTANT COLLECTION ON BEHALF OF DOCTOR						
CONSULTATION FEE						
DATO' DR. K.S. SIVANANTHAN (SIVANANTHAN SDN BHD)	75.00	0.00	75.00			75.00
Sub total	75.00	0.00	75.00			75.00
Total	75.00	0.00	75.00	0.00		75.00
Rounding Adjustment						0.00
Total Payable						75.00



Total Due

Tax Code

Tax Description

GST

75.00

Charges omitted at the time of discharge will be billed separately

Hoon KKRAS

**TAX INVOICE
OUTPATIENT BILL - SUMMARY**

Payor

SARVINDRAN NAIR A/L KRISHNAN KUTTY
NO 13
JLN BUNGA RAYA 7
TMN BUNGA RAYA
33000 KUALA KANGSAR
PERAK
Attn:

Page : 1
Bill No. : O170110205
Bill Date/Time : 13/10/2017 12:55:11
Prepared By : NKHOON
Account : Self Pay
Credit Term : Cash
Visit Date/Time : 13/10/2017 11:30:15
Charge Type : OP
GL No :
Bill Type : FINAL BILL
Registration No : 170P10005554
Attending Dr : DR. SUPPARAMANIAM A/L NARAYANAN

SERVICE RECIPIENT

Title :
Patient Name : SARVINDRAN NAIR A/L KRISHNAN KUTTY
Patient Add : NO 13
JLN BUNGA RAYA 7
TMN BUNGA RAYA
33000 KUALA KANGSAR
PERAK
ID No. : 870916385115
MRN : 17017198

DESCRIPTION	MMA Code	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	GST (RM)	TAX CODE	PAYABLE (RM)
DOCTORS CHARGES							
INDEPENDENT DOCTOR - COLLECTION ON BEHALF							
CONSULTATION & ASSESSMENT							
<u>DR. SUPPARAMANIAM A/L NARAYANAN, ORTHOPAEDICS*</u>							
CONSULTATION / PROCEDURE				74.20			74.20
SUB TOTAL				74.20			74.20
GRAND TOTAL				74.20	0.00		74.20
TOTAL BILL AMOUNT							74.20



Print Date/Time : 13/10/2017 12:55:14 NKHOON

Remarks :

Note: Payment by cheques only acceptable for corporate accounts. Cheque should be crossed "Account Payee Only" to "PALOH MEDICAL CENTRE SDN BHD" E.&O.E.
Any charges not accounted for at the time of discharge will be billed accordingly.



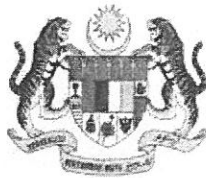
ACCREDITED
HOSPITAL



RESIT RASMI

No. Resit: HRPB / 2017 / 1793867

ASAL



KERAJAAN MALAYSIA
KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL RAJA PERMAISURI BAINUN
JALAN HOSPITAL
30990, IPOH
PERAK
Tel : 052085000 Fax : 2531541

Tarikh & Masa : Wednesday 25 October 2017 10:39:37 AM
Kod Pengkelasan : 72110 Bayaran Perkhidmatan Perubatan(Hospital) Pesakit Luar -
Warganegara Malaysia
MRN Pesakit : HRPB829955
Nama Pesakit : SARVINDRAN NAIR A/L KRISHNAN KUTTY
No ID Pesakit : 870916385115 (NEW IC)
No Bil :
Cara Bayaran : CASH
No Dokumen :
Nama Bank :
Cawangan Bank :
Jumlah Dibayar :

RM	5.00	[72110]
RM	5.00	

RINGGIT MALAYSIA LIMA DAN SEN KOSONG SAHAJA

Keterangan Bayaran : BAYARAN PENDAFTARAN
Nama Pembayar : SARVINDRAN NAIR A/L KRISHNAN KUTTY
No K/P Pembayar : 870916385115 (NEW IC)
Operator : LILI HARYANY BT NAZRI
Kaunter : KLINIK OTOPEDIK
Tarikh Cetakan : 25/10/2017

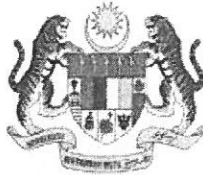
Peringatan : Maklumat yang dicetak dengan komputer sahaja diakui oleh pihak pentadbiran HOSPITAL RAJA PERMAISURI BAINUN

BPKS(8.15)248-11(30)

RESIT RASMI

No. Resit: HRPB / 2017 / 1786805

ASAL



**KERAJAAN MALAYSIA
KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL RAJA PERMAISURI BAINUN
JALAN HOSPITAL
30990, IPOH
PERAK
Tel : 052085000 Fax : 2531541**

Tarikh & Masa : Monday 16 October 2017 9:19:39 AM
Kod Pengkelasan : 72110 Bayaran Perkhidmatan Perubatan(Hospital) Pesakit Luar -
Warganegara Malaysia
MRN Pesakit : HRPB829955
Nama Pesakit : SARVINDRAN NAIR A/L KRISHNAN KUTTY
No ID Pesakit : 870916385115 (NEW IC)
No Bil :
Cara Bayaran : CASH
No Dokumen :
Nama Bank :
Cawangan Bank :
Jumlah Dibayar :

RM	5.00	[72110]
RM	5.00	

RINGGIT MALAYSIA LIMA DAN SEN KOSONG SAHAJA
Keterangan Bayaran : BAYARAN PENDAFTARAN
Nama Pembayar : SARVINDRAN NAIR A/L KRISHNAN KUTTY
No K/P Pembayar : 870916385115 (NEW IC)
Operator : LILI HARYANY BT NAZRI
Kaunter : KLINIK OTOPEDIK
Tarikh Cetakan : 16/10/2017

Peringatan : Maklumat yang dicetak dengan komputer sahaja diakui oleh pihak pentadbiran HOSPITAL RAJA PERMAISURI BAINUN

BPKS(8.15)248-11(30)