



HRN

01G

Submission Type

FS - FIRST SUBMISSION

Updated Date and Time

18/03/2024 04:21 PM

Claim Status

Approved

## Claim Overview

Hospital Code	HCI Code	Claim ID
KMM - International Cancer Specialists	9404966	616
Submission Date and Time	Admission Date and Time	Discharge Date and Time
15/03/2024 04:00 PM	15/03/2024 09:00 AM	15/03/2024 05:00 PM

## Patient Particulars

Identification Type	Identification No.	Nationality
P - SINGAPORENRIC	S13	SG - Singapore Citizen
Name	Sex	Race
THERESA	F - FEMALE	C - CHINESE
Date of Birth	Insurance Claim	
1959	1 - MEDISHIELD/INTEGRATEDCLAIM	

## Treatment Information

Specialty	Admitting Source	Source of Referral
19 - MEDICAL ONCOLOGY	-	-
Video Consult	Type of Outcome	Discharge Ward
N - In-person consultation / Did not claim for consult cost of VC	1 - PATIENT DISCHARGED	A - DAY SURGERY/OUTPATIENT PRIVATE
Treatment Setting	Admission Type	Country of Residence
OU - OUTPATIENT	-	SG - Singapore

## Overseas Treatment

Overseas Treatment Indicator	Country of Treatment	Institution of Treatment
-	-	-

## Doctor Particulars

Principal Doctor SMC No.

M14192E

Engage Foreign Principal Doctor

Assisting Local Doctor SMC No.

## Bill Summary

Bill No.	Total Bill Amount (S\$)	Total Bill Amount before Means Test (S\$)
20901	9,625.75	-

## Diagnosis

Final Diagnosis

C50 - MALIGNANT NEOPLASM OF BREAST

Cause of Injury

-

Other Diagnosis

No Other Diagnosis

## Claim Items

No Ward Charges Record(s)

## General Charges

No.	Charge Code	Charge Fee (\$\$)	Visit Date	No. of Treatment
1.	CM0006 - Cancer Drug	9,221.92	-	1
2.	CM0005 - Services which are related to Cancer Drug treatment	403.83	-	1

No Operation Charges Record(s)

## Drugs

No.	Drug Code	Indication Code	Dispensed Quantity	Drug Fee (\$\$)
1.	895681000133102 - Abemaciclib 100 mg Tablet	CI00361	70	7,950.46
2.	21271000133106 - Exemestane 25 mg Tablet	CI99999	2	1,271.46

## Payer Details

Third-Party Benefits / Concessions / Compensations

No Payer Available

MediShield Life / Integrated Shield Plan

No.	Type of Payer	Name of Payer	ID No./CPF No.
1.	PI - PRIVATEINTEGRATEDPLAN	9GEL - Great Eastern Life - SupremeHealth	S13

MediSave

Payer 1

Type of Payer	Name of Payer	ID No./CPF No.
MS - MEDISAVE PAYMENT	THERESA	S13
MediSave Amount (\$\$)	Flexi-MediSave Amount (\$\$)	Date of Birth
0.00	0.00	1959
Identification Type	Identification No.	Patient's Relationship to Payer
P - SINGAPOREPINK NRIC	S13	H - SELF
Percentage of MediSave Claimable (%)	Percentage of Flexi-MediSave Claimable (%)	
100.00	0.00	

Supporting Documents

No Supporting Documents Available