

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 - SINGAPOREPINK NRIC | 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 - PATIENTDISCHARGED | A - DAY SURGERYOUTPATIENT 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 (S\$) | 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 (S\$) |
|-----|---|-----------------|--------------------|----------------|
| 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 - MEDISAVEPAYMENT | 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