

COLUMBIA ASIA SDN BHD - PETALING JAYA

LOT 69, JALAN 13/9, SEKSYEN 13, 46200 PETALING JAYA, SELANGOR

CORPORATE / INSURANCE : pm care

RE : REQUEST FOR INPATIENT

POLICY / GL NO :

- ☐ INITIAL GUARANTEE LETTER
- ☐ TOP UP GUARANTEE LETTER
- ☐ DEFERMENT ADVICE QUERIES
- ☒ FINAL GUARANTEE LETTER

DATE

: 23/9/18

AT : COLUMBIA ASIA HOSPITAL - PETALING JAYA

We would appreciate If you could fax us the guarantee letter to

03-7949 9997

03-7949 9994

ATTACHMENT : Copy of IC / Passport
Copy of Medical / Insurance Card
Hospital Admission Form
Insurance Form
Tax Invoice
Reports
Referral Letter
Others

<input checked="" type="checkbox"/>
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TOTAL PAGES : _____

Thank you.

Your sincerely,



COLUMBIA ASIA SDN. BHD.(388359-P)
 COLUMBIA ASIA HOSPITAL PETALING JAYA
 Wholly Owned By COLUMBIA ASIA SDN BHD
 LOT 69
 JALAN 13/6
 SEKSYEN 13
 BANDAR PETALING JAYA 46200
 SELANGOR
 GST ID No :001965957120
 Tel No : 603-79499999 Fax No : 603-79499998

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No . : 000149835776

Debtor Address: NO1, JALAN USJ 21/10, UEP SUBANG JAYA, , ,
 SELANGOR, 47630, SELANGOR, MALAYSIA

GL No.: 18012017194954

Co.Guarantor:

Bill No. : IPC-4244

Bill Date/Time : 23/01/2018 10:53:21 AM

Cashier Name : FAZDLY.M

Debtor Code : P001T

Credit Term : 60 Day(s)

Admit/Visit Date/Time : 20/01/2018 03:04:00 PM

Discharge Date/Time : 23/01/2018 10:04:00 AM

Ward/Rm/Bed/Type : MULTIDISCIPLINE
 1/61/1B/61

Charge Type : InPatient

Admitting /Primary : ANDY EASWAREN VASUDEVAN
Doctor

Description	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES						
ADMIN CHARGES	6.00	0.00		0.36	6.36	
						6.36
EQUIPMENT CHARGES	1,106.30	0.00		0.00	1,106.30	
						1,106.30
HOME CARE	40.00	0.00		0.00	40.00	
						40.00
LABORATORY	1,703.50	0.00		0.00	1,703.50	
						1,703.50
MEDICAL SUPPLIES	1,148.45	0.00		0.00	1,148.45	
						1,148.45
MULTIPLE USE	118.50	0.00		0.00	118.50	
						118.50
MISCELLANEOUS	231.00	0.00		0.00	231.00	
						231.00

NURSING	972.40	0.00	0.00	972.40
				972.40
OR UTILISATION & RECOVERY	115.50	0.00	0.00	115.50
				115.50
PHARMACY	2,198.84	0.00	0.00	2,198.84
				2,198.84
ROOM CHARGES	790.00	0.00	0.00	790.00
				790.00
NON INDEPENDENT DOCTOR CHARGES				
MO CONSULTATION				
Doctor Name : CHEAH OOI JOON	40.00	0.00	0.00	40.00
				40.00
DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor				
SPECIALIST CONSULTATION				
Doctor Name : ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)				1,062.12
				1,062.12
SURGICAL FEE				
Doctor Name : ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)				1,572.25
				1,572.25
Total Amount :				11,445.49
Total Discounted :				489.75
Total GST @ 6% Amount:				149.48
Total Payable Amount :				11,105.22
Rounded Off Value :				11,105.20
Doc. Amount				Allocated Amount
LESS Total Credit Note :				0.00
				11,105.20
ADD Total Debit note :				0.00
				11,105.20
LESS Payment :				0.00
Balance Payable / (Refundable) :				11,105.20

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.

COLUMBIA ASIA SDN. BHD.(388359-P)
 COLUMBIA ASIA HOSPITAL PETALING JAYA
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 LOT 69
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 GST ID No : 001965957120
 Tel No : 603-79499999 Fax No : 603-79499998

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No. : 000149835776
Debtor Address : NO1, JALAN USJ 21/10, UEP SUBANG JAYA,
 , , SELANGOR, 47630, SELANGOR,
 MALAYSIA
GL No. : 18012017194954
Co.Guarantor :

Bill No. : IPC-4244
Bill Date/Time : 23/01/2018 10:53:21AM
Cashier Name : FAZDLY.M
Debtor Code : P001T
Credit Term : 60 Day(s)
Admit/Visit Date/Time : 20/01/2018 03:04:00PM
Discharge Date/Time : 23/01/2018 10:04:00AM
Ward/Rm/Bed/Type : MULTIDISCIPLINE 1/61/1B/61
Charge Type : InPatient

Adm

Doctor	Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES								
ADMIN CHARGES								
20/01/2018	ADMIN CHARGES - REGISTRATION FEE	1.00	6.00	0.00	SR6	0.36	6.36	
								6.36
EQUIPMENT CHARGES								
20/01/2018	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
21/01/2018	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
22/01/2018	ENDOSCOPY MACHINE (OGDS & COLONOSCOPY)	1.00	543.95	0.00	ES0	0.00	543.95	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	5 CHANNELS MONITOR UP TO 4 HOURS	1.00	60.95	0.00	ES0	0.00	60.95	
	ELECTROSURGICAL UNIT	1.00	139.15	0.00	ES0	0.00	139.15	
23/01/2018	3 CHANNEL MONITOR DAILY	1.00	72.45	0.00	ES0	0.00	72.45	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
								1,106.30
HOME CARE								
22/01/2018	ASC MEDICAL SUPPLIES	1.00	40.00	0.00	ES0	0.00	40.00	
								40.00

20/01/2018

FULL BLOOD COUNT (FBC)	1.00	51.00	0.00	ES0	0.00	51.00
MYCOPLASMA PNEUMONIAE IGM	1.00	230.00	0.00	ES0	0.00	230.00
BLOOD CULTURE	1.00	154.00	0.00	ES0	0.00	154.00
STOOL FOR OCCULT BLOOD	1.00	40.00	0.00	ES0	0.00	40.00
STOOL FOR ROTAVIRUS	1.00	104.00	0.00	ES0	0.00	104.00
DENGUE FEVER DIAGNOSIS	1.00	170.00	0.00	ES0	0.00	170.00
LIVER FUNCTION TEST	1.00	59.50	0.00	ES0	0.00	59.50
RENAL PANEL 2	1.00	64.60	0.00	ES0	0.00	64.60
LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	ES0	0.00	42.00
LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	ES0	0.00	42.00

21/01/2018

ANAEMIA & THALASSAEMIA STUDIES	1.00	224.40	0.00	ES0	0.00	224.40
LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	ES0	0.00	42.00

22/01/2018

GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00
GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00
GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00

1,703.50

MEDICAL SUPPLIES

20/01/2018

THERMOMETER - DIGITAL THERMOVAL STANDARD	1.00	35.38	0.00	ES0	0.00	35.38
IV CANNULA - VENOFIX 23G	1.00	4.20	0.00	ES0	0.00	4.20
IV CANNULA - VASOFIX SAFETY 20G	1.00	10.37	0.00	ES0	0.00	10.37
IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91

21/01/2018

IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
DRESSING - TEGADERM IV ADVANCED 6.5 X 7CM (1683)	1.00	6.75	0.00	ES0	0.00	6.75
COTTON BALL STERILE - PER PACK OF 10'S	1.00	2.37	0.00	ES0	0.00	2.37

22/01/2018

PRONTO DRY	1.00	46.66	0.00	ES0	0.00	46.66
UNDERPAD SIZE 30" X 30"	2.00	5.84	0.00	ES0	0.00	5.84
COMPRESSED TOWEL	4.00	13.88	0.00	ES0	0.00	13.88
IV CONNECTOR - CARESITE LUER ACCESS DEVICE (415122)	1.00	9.15	0.00	ES0	0.00	9.15
IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
DVD	1.00	8.08	0.00	ES0	0.00	8.08
DIATHERMY PLATE DISPOSABLE (TE7507)	1.00	71.55	0.00	ES0	0.00	71.55
SUCTION POLYP TRAP OLYMPUS (MH-14)	1.00	271.16	0.00	ES0	0.00	271.16
POLYPECTOMY OVAL SNARE 10MM REUSABLE OLYMPUS (SD-240U-10)	1.00	285.69	0.00	ES0	0.00	285.69

	BIOPSY FORCEPS GASTRO W/O SPIKE 2.3MM X 160CM (NBF03-11023160)	1.00	68.62	0.00	ES0	0.00	68.62
	BIOPSY FORCEPS COLONO WITH SPIKE 2.3MM X 230CM (NBF03-11123230)	1.00	86.29	0.00	ES0	0.00	86.29
	GOWN - ISOLATION PE COATED 42GM	2.00	18.48	0.00	ES0	0.00	18.48
	DISPOSABLE DOUBLE ENDED CLEANING BRUSH DIA. 2.0 - 4.2MM [WS-1523WA(P)/DH]	1.00	29.13	0.00	ES0	0.00	29.13
	SYRINGE - SLIP TIP 50ML	1.00	6.02	0.00	ES0	0.00	6.02
	SYRINGE - LUER LOCK 50ML	1.00	6.75	0.00	ES0	0.00	6.75
	TUBE - SUCTION CONNECTING 3M	1.00	9.58	0.00	ES0	0.00	9.58
	TUBE - SUCTION LINER 1.5L WITH VACGARD	1.00	20.13	0.00	ES0	0.00	20.13
23/01/2018	IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	ES0	0.00	18.91
							1,148.45
MULTIPLE USE							
20/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
21/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
22/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
	XYLOCAINE 10% SPRAY 50ML (LIGNOCAINE) - PER USE	4.00	40.00	0.00	ES0	0.00	40.00
	DENTINOX COLIC 21MG/2.5ML DROPS 100ML (SIMETHICONE) - PER USE UP TO 10ML	1.00	3.50	0.00	ES0	0.00	3.50
							118.50
MISCELLANEOUS							
22/01/2018	PHARMACY OTHERS [PENTASA 1G SUPPOSITORY QTY 1 MRN 25531 NAME MUHD IZZAT HAZIQ]	1.00	21.00	0.00	ES0	0.00	21.00
23/01/2018	PHARMACY OTHERS [PENTASA SUPP 1G QTY 10 SUPP MRN 25531 NAME MUHAMMAD IZZAT HAQIZ]	1.00	210.00	0.00	ES0	0.00	210.00
							231.00
NURSING							
20/01/2018	IV LINE/CANNULATION	1.00	38.50	0.00	ES0	0.00	38.50
	NURSING CHARGES DAILY	1.00	60.50	0.00	ES0	0.00	60.50
	BARRIER / ISOLATION NURSING DAILY	1.00	71.50	0.00	ES0	0.00	71.50
	NURSING PROCEDURE	1.00	27.50	0.00	ES0	0.00	27.50
	ER OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
	ER YELLOW ZONE (ERY)	1.00	44.00	0.00	ES0	0.00	44.00
21/01/2018	NURSING CHARGES DAILY	1.00	60.50	0.00	ES0	0.00	60.50
	BLOOD TAKING	1.00	13.20	0.00	ES0	0.00	13.20
	NURSING OBSERVATION	3.00	49.50	0.00	ES0	0.00	49.50
	NURSING OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
	NURSING PROCEDURE	1.00	27.50	0.00	ES0	0.00	27.50
	NURSING PROCEDURE	4.00	110.00	0.00	ES0	0.00	110.00
22/01/2018	NURSING CHARGES DAILY	1.00	60.50	0.00	ES0	0.00	60.50

	NURSING OBSERVATION	2.00	33.00	0.00	ES0	0.00	33.00
	NURSING OBSERVATION	3.00	49.50	0.00	ES0	0.00	49.50
	NURSING PROCEDURE	3.00	82.50	0.00	ES0	0.00	82.50
	NURSING PROCEDURE	2.00	55.00	0.00	ES0	0.00	55.00
	NURSE ASSIST DOCTOR IN PROCEDURE COMPLEX	1.00	40.70	0.00	ES0	0.00	40.70
23/01/2018							
	BARRIER / ISOLATION	1.00	71.50	0.00	ES0	0.00	71.50
	NURSING DAILY						
	NURSING OBSERVATION	1.00	16.50	0.00	ES0	0.00	16.50
	NURSING PROCEDURE	1.00	27.50	0.00	ES0	0.00	27.50
							972.40
OR UTILISATION & RECOVERY							
22/01/2018							
	AMBULATORY SCOPE ROOM	1.00	115.50	0.00	ES0	0.00	115.50
							115.50
PHARMACY							
20/01/2018							
	HIDRASEC ADULT 100MG CAP (RACECADOTRIL)	6.00	44.46	0.00	ES0	0.00	44.46
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	1.00	12.25	0.00	ES0	0.00	12.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	5.00	61.25	0.00	ES0	0.00	61.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	1.00	12.25	0.00	ES0	0.00	12.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	0.00	0.00	0.00	ES0	0.00	0.00
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	(1.00)	12.25	0.00	ES0	0.00	(12.25)
	NEXIUM 40MG INJ (ESOMEPRAZOLE)	1.00	98.32	0.00	ES0	0.00	98.32
	NEXIUM 40MG INJ (ESOMEPRAZOLE)	4.00	393.28	0.00	ES0	0.00	393.28
	NEXIUM 40MG INJ (ESOMEPRAZOLE)	(1.00)	98.32	0.00	ES0	0.00	(98.32)
	HYOSCINE 20MG/ML INJ (COPAN)	5.00	61.25	0.00	ES0	0.00	61.25
	HYOSCINE 20MG/ML INJ (COPAN)	1.00	12.25	0.00	ES0	0.00	12.25
	HYOSCINE 20MG/ML INJ (COPAN)	4.00	49.00	0.00	ES0	0.00	49.00
	HYOSCINE 20MG/ML INJ (COPAN)	2.00	24.50	0.00	ES0	0.00	24.50
	HYOSCINE 20MG/ML INJ (COPAN)	0.00	0.00	0.00	ES0	0.00	0.00
	HYOSCINE 20MG/ML INJ (COPAN)	(4.00)	49.00	0.00	ES0	0.00	(49.00)
	HYOSCINE 20MG/ML INJ (COPAN)	(2.00)	24.50	0.00	ES0	0.00	(24.50)
	HYOSCINE 20MG/ML INJ (COPAN)	(5.00)	61.25	0.00	ES0	0.00	(61.25)
	PANADOL 500MG TAB (PARACETAMOL)	10.00	5.80	0.00	ES0	0.00	5.80
	PANADOL 500MG TAB (PARACETAMOL)	2.00	1.16	0.00	ES0	0.00	1.16
	PANADOL 500MG TAB (PARACETAMOL)	(8.00)	4.64	0.00	ES0	0.00	(4.64)
	PANADOL 500MG TAB (PARACETAMOL)	(2.00)	1.16	0.00	ES0	0.00	(1.16)
	ZITHROMAX 250MG TAB (AZITHROMYCIN)	6.00	67.86	0.00	ES0	0.00	67.86
	ZITHROMAX 250MG TAB (AZITHROMYCIN)	(2.00)	22.62	0.00	ES0	0.00	(22.62)
	ROCEPHIN 1GM IV INJ (CEFTRIAXONE)	8.00	1,056.80	0.00	ES0	0.00	1,056.80
	ROCEPHIN 1GM IV INJ (CEFTRIAXONE)	(1.00)	132.10	0.00	ES0	0.00	(132.10)
	ORAL REHYDRATION SALTS (ORS) SACHET 5GM - ORANGE	6.00	4.74	0.00	ES0	0.00	4.74
	NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02
	NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02

21/01/2018

COLCLEAN SOLUTION 90ML	1.00	30.44	0.00	ES0	0.00	30.44
FLEET ENEMA 133ML	1.00	13.41	0.00	ES0	0.00	13.41
FLEET ENEMA 133ML	(1.00)	13.41	0.00	ES0	0.00	(13.41)
NORMAL SALINE 0.9% INJ 100ML	3.00	42.06	0.00	ES0	0.00	42.06
NORMAL SALINE 0.9% 500ML	3.00	42.06	0.00	ES0	0.00	42.06
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02
NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02

22/01/2018

NEXIUM 40MG TAB (ESOMEPRAZOLE)	4.00	43.28	0.00	ES0	0.00	43.28
NEXIUM 40MG TAB (ESOMEPRAZOLE)	(3.00)	32.46	0.00	ES0	0.00	(32.46)
PROCTOSEDYL SUPP	5.00	18.05	0.00	ES0	0.00	18.05
DORMICUM 5MG/5ML INJ (MIDAZOLAM)	1.00	38.07	0.00	ES0	0.00	38.07
PETHIDINE 50MG/ML INJ (DUOPHARMA) - NEW	1.00	20.25	0.00	ES0	0.00	20.25
ZITHROMAX 250MG TAB (AZITHROMYCIN)	4.00	45.24	0.00	ES0	0.00	45.24
CO-PHENYLCAINE SHORT NOZZLE	1.00	15.27	0.00	ES0	0.00	15.27
NORMAL SALINE 0.9% INJ 100ML	1.00	14.02	0.00	ES0	0.00	14.02
NORMAL SALINE 0.9% INJ 100ML	3.00	42.06	0.00	ES0	0.00	42.06
NORMAL SALINE 0.9% INJ 10ML	2.00	24.50	0.00	ES0	0.00	24.50
NORMAL SALINE 0.9% INJ 10ML	1.00	12.25	0.00	ES0	0.00	12.25
NORMAL SALINE 0.9% 500ML	3.00	42.06	0.00	ES0	0.00	42.06
WATER FOR IRRIGATION 1L	1.00	14.02	0.00	ES0	0.00	14.02
ALCOHOL 70% SOLUTION - PER ML	20.00	3.20	0.00	ES0	0.00	3.20
ALCOHOL 70% SOLUTION - PER ML	10.00	1.60	0.00	ES0	0.00	1.60

23/01/2018

HYOSCINE 10MG TAB (SPASMOLIV)	10.00	8.80	0.00	ES0	0.00	8.80
NEXIUM 40MG TAB (ESOMEPRAZOLE)	9.00	97.38	0.00	ES0	0.00	97.38
ZITHROMAX 250MG TAB (AZITHROMYCIN)	4.00	45.24	0.00	ES0	0.00	45.24
IXIME 400MG TAB (CEFEXIME)	4.00	62.00	0.00	ES0	0.00	62.00
IBERET FOLIC TAB (MULTIVITAMIN + IRON)*	9.00	14.04	0.00	ES0	0.00	14.04

2,198.84

ROOM CHARGES

20/01/2018

ROOM CHARGES - 2 BED	1.00	120.00	0.00	ES0	0.00	120.00
ER RECOVERY ROOM - MINOR USE	1.00	30.00	0.00	ES0	0.00	30.00

21/01/2018

ROOM CHARGES - SINGLE	1.00	195.00	0.00	ES0	0.00	195.00
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22/01/2018

ROOM CHARGES - SINGLE	1.00	195.00	0.00	ES0	0.00	195.00
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23/01/2018

ROOM CHARGES - ISOLATION	1.00	250.00	0.00	ES0	0.00	250.00
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790.00

NON INDEPENDENT DOCTOR CHARGES

MO CONSULTATION

Doctor Name : CHEAH OOI JOON

20/01/2018

MO CONSULTATION (5PM - 10PM)	1.00	40.00	0.00	ES0	0.00	40.00
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40.00

DOCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor SPECIALIST CONSULTATION

Doctor Name : ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)

20/01/2018	CONSULT - COMPLEX NEW CASE AFTER CLINIC HOUR	1.00	373.12
21/01/2018	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	166.95
	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	166.95
22/01/2018	CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	111.30
	CONSULT - MINOR PROCEDURE [IV sedation]	1.00	132.50
23/01/2018	CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	111.30
			1,062.12

SURGICAL FEE

Doctor Name : ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)

22/01/2018	DIAGNOSTIC OESOPHAGO-GASTRO-DUODEN OSCOPY INCLUDING BIOPSY (G6500)	1.00	364.91
	COLONIC POLYPECTOMY (MMG4007)	1.00	1,207.34
			1,572.25

Total Amount :	11,445.49
Total Discounted :	489.75
Total GST @ 6% Amount :	149.48
Total Payable Amount :	11,105.22
Rounded Off Value :	11,105.20
Doc. Amount	Allocated Amount

LESS Total Credit Note :	0.00
	11,105.20

ADD Total Debit note :	0.00
	11,105.20

LESS Payment :	0.00
Balance Payable / (Refundable) :	11,105.20

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.

ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)
 LOT 69
 JALAN 13/6
 SEKSYEN 13
 BANDAR PETALING JAYA 46200
 SELANGOR
 Tel No : 603-79499999 Fax No : 603-79499998

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No. : 000149835776
Debtor Address : NO1, JALAN USJ 21/10, UEP SUBANG JAYA, ,
 , SELANGOR, 47630, SELANGOR, MALAYSIA

GL No. : 18012017194954
Co.Guarantor :

Bill No. : ANDYEASWAREN.V/IPC-4244
Bill Date/Time : 23/01/2018 10:53:21AM
Cashier Name : FAZDLY.M
Debtor Code : P001T
Credit Term : 60 Day(s)
Admit/Visit Date/Time : 20/01/2018 03:04:00PM
Discharge Date/Time : 23/01/2018 10:04:00AM
Ward/Rm/Bed/Type : MULTIDISCIPLINE 1/61/1B/61
Charge Type : InPatient

Attending/Primary Doctor : ANDY EASWAREN VASUDEVAN

Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
DOCTOR CHARGES							
SPECIALIST CONSULTATION							
Doctor Name : ANDY EASWAREN VASUDEVAN							
20/01/2018							
CONSULT - COMPLEX NEW CASE AFTER CLINIC HOUR	1.00	352.00	0.00	DSR6	21.12	373.12	
21/01/2018							
CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	157.50	0.00	DSR6	9.45	166.95	
CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	157.50	0.00	DSR6	9.45	166.95	
22/01/2018							
CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	105.00	0.00	DSR6	6.30	111.30	
CONSULT - MINOR PROCEDURE [IV sedation]	1.00	353.00	228.00	DSR6	7.50	132.50	
23/01/2018							
CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	105.00	0.00	DSR6	6.30	111.30	
						1,062.12	
SURGICAL FEE							
Doctor Name : ANDY EASWAREN VASUDEVAN							
22/01/2018							
DIAGNOSTIC OESOPHAGO-GASTRO-DUODENOSCOPY INCLUDING BIOPSY (G6500)	1.00	405.00	60.75	DSR6	20.66	364.91	
COLONIC POLYPECTOMY (MMG4007)	1.00	1,340.00	201.00	DSR6	68.34	1,207.34	
						1,572.25	

Total Amount :	2,975.00
Total Discounted :	489.75
Total GST @ 6% Amount:	149.12
Total Payable Amount :	2,634.37
Rounded Off Value :	2,634.40

All cheque payment should be made to COLUMBIA ASIA SDN. BHD.



FORM MM201 (Part 1)

TRANSMISSION

CRD	:		Sp/Hosp. Fax No.	:	0379499998
GL Serial No.	:	18012017194954	Other Fax No.	:	0379499999
Previous GL Serial No.	:	18012017194954	By Hand/Courier/Mail	:	
Date / Time of Issuance	:	20/01/2018 17:19:49.855	Visit Type	:	NOT APPLICABLE
Attention	:	DR.ANDY EASWARAN	Service Type	:	ADMISSION
To	:	COLUMBIA ASIA HOSPITAL PETALING JAYA	Appointment Date	:	20/01/2018

GUARANTEE LETTER ("GL")**GL Validity Period:**

- i) To be utilized until 02/02/2018
 ii) For one (1) Outpatient visit or one (1) Inpatient admission not exceeding ten (10) days.
 iii) For extension of admission, a new GL must be obtained upon expiry of ten (10) days validity.

abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.

2. The abovenamed patient is entitled to:

A total limit of not more than	AS CHARGED
A daily Room & Board charges inclusive of Meals & Tax of not more than	200.00
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
Hospital Ancillary Services of not more than	0.00
A daily In-Hospital Physician Visit of not more than	0.00
Delivery Limit of not more than	N/A

3. Diagnosis

INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED

- Important notes:** i) Medications, vitamins and supplements are allowed up to a maximum of three (3) months supply if prescribed for a valid indication declared by the attending doctor; and
 ii) Patient to be discharged without confirmation from PMCare. Any excess amount to be billed to PMCare.

4. Kindly note that:

- Expense entitlement is only for or directly related to medical / surgical condition referred to in above Item No. 3
 - Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
 - Payment of claim is subject to timely submission of complete documents, i.e. within 30 days from date of service or discharge.
 - For extension of admission, the hospital must obtain extended GL from PMCare.
5. Kindly fax to our Careline Centre your final itemized bill, with diagnosis and surgical procedures done, so that we can advise you better on the actual coverage, bills and payment.
6. Please attach the completed form MM201 (Part I and Part II) together with your invoice for payment.

Yours faithfully,
 For and on behalf of
PMCare Sdn Bhd.

.....
 Authorised Signatory

I, the abovenamed and/or on behalf of my dependent have read the important notes above and hereby consent to the release of the medical report/information to PMCare Sdn Bhd and/or my employer, and agree to allow my employer to deduct my salary in the event of excess of limit.

PMCare SDN BHD (458443-P)
 No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
 Careline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

FORM MM201 (Part II)



GL Serial No. : 18012017194954

GL Issued To : COLUMBIA ASIA HOSPITAL PETALING JAYA

Visit Type

: NOT APPLICABLE

Service Type

: ADMISSION

Appointment Date

: 20/01/2018

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PROGRAM

Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization which are of a personal nature, e.g food, telephone, extra bed.
Contraceptive treatment such as taking family planning pills, IUD, sterilization	Treatment of cosmetic nature
Infertility treatment	Abortion and venereal disease treatment
Aids for correction of eyesight and hearing	Treatment arising from intentional or self-inflicted injuries

REASON FOR REFERRAL (Based on Referral/Previous Notes)

INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Final Diagnosis

1. Rotavirus Enteritis
2. Arteriosclerosis due to Solitary rectal ulcer 3 Rectal polyp
4 - GERD.

ICD10 coding, if available

Since when condition deemed to have started

(1) - 2 days (2-4) unknown

Major Procedure(s) - if any

ORR / Colonoscopy

Please indicate ☒ if this illness or treatment is/are

☐

Pregnancy-related
Infertility-related
Congenital

☒

Chronic
Cosmetic
Work-related

☒

Psychological
MVA-related

Follow-up necessary?

Please indicate ☒ if patient needs to be/was crossed referred?

☐
☒

No
No

☒
☐

Yes
Yes

If Yes, to which specialist? (Please state reasons)

☐ N/A = Applicable

☐ FU = Follow Up

☒ FV = First Visit

Signature of Attending Specialist

DR. ANDY EASWARAN VASUDEVAN
MBBS (UM), M.Med(Int.Med)(UM), AM(Mal)
MMC REG NO : 30684
CONSULTANT INTERNAL MEDICINE
PHYSICIAN & GASTROENTEROLOGIST
COLUMBIA ASIA HOSPITAL PETALING JAYA

Note: Once stable, please refer the patient back to the referring doctor or his/her regular GP with appropriate advise.

PMCare SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
Careline: 03-8026 9999 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

PMCare Pre-Admission Form

COLUMBIA ASIA HOSPITAL - PETALING JAYA



Important Note : To request a Guarantee Letter, please complete this form prior to admission and email to gl@pmcare.com.my/03 8023 9999.

10469, JALAN 13/6, SEKSYEN 13,
46200 PETALING JAYA,
SELANGOR DARUL EHSAN.

Hospital Name		Contact Person		Contact No.	TEL: 03-7949 9999 FAX: 08-7949 9997
Admission Date		20 day 01 month 2018 year		Admission Time	am/pm
Patient Name					
PMCare Member ID					
Company Name					
Patient IC No./Birth Certificate		12-04-1991			
PATIENT MEDICAL CONDITION					
Presenting symptoms at time of admission and physical finding	Loose stool >20x, vomiting >10x, nausea, lethargic, presynopal attacks x2, Not tolerating orally.			Blood Pressure	98/60
				Pulse	79
				Respiratory rate	20
				Temperature	38.5°C
Is this the FIRST TIME patient has this/these or similar symptom(s)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, how long has the condition existed?		_____ year(s) _____ month(s) _____ week(s) _____ day(s)			
When did patient first consult you for this complaint/condition?		20 day 01 month 2018 year			
Provisional Diagnosis		① AGE with dehydration. ② Anaemia.			
Etiology of the above diagnosis		Food indiscretion			
Please indicate (v) if the illness/injury or treatment is/are	Motor vehicle accident related	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Date of accident	_____ day _____ month _____ year	
	Slips, Trips or Fall	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Time of accident	_____ am/pm	
	Accident at Work	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Cosmetic/Dental Care/Refractive error	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Chronic Illnesses	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Influence of Drugs/Alcohol	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Psychological Disorder/Psychiatric/Sleeping Disorder	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Pregnancy Related /infertility	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Self-Inflicted injuries/Violation of laws/Strike/Riots	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Congenital	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
STD/HIV/AIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Has patient suffered from/Is patient suffering any illnesses stated as follows:	Hypertension, Diabetes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Cardiovascular Disease	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Malignancy of any kind	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Stones of the Urinary system	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	ENT conditions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Hemias, haemorrhoids	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Endometriosis	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Since?	_____ day _____ month _____ year	
	Others	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since?	(If yes, please specify) _____ day _____ month _____ year	
Can this condition be managed under outpatient basis?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, please state reason)	Reason	Requires IV antibiotics, IV Drip for rehydration, not tolerating orally, failed outpatient treatment.	
Admission requires		<input checked="" type="checkbox"/> Hospitalisation <input type="checkbox"/> Day Care <input type="checkbox"/> On patient's request		Estimated length of stay	3-4 day
Please state TREATMENT PLAN . e.g. lab test, imaging, and etc		<input checked="" type="checkbox"/> Medication <input type="checkbox"/> Procedure <input type="checkbox"/> Surgery <input type="checkbox"/> Physiotherapy		<input type="checkbox"/> Diagnostic Imaging <input checked="" type="checkbox"/> Laboratory Test <input type="checkbox"/> Others, Please specify :	
Signature and stamp of Admitting Physician/Surgeon		Dr. Aaron Cheah Ooi Joon (MD (GP)) (MBO Registration No: 46674) Medical Officer Columbia Asia Hospital - Petaling Jaya			
If Admitting Doctor is a Medical Officer, please state Name and Specialty / Doctor to be referred to		Dr. Andy Easwaran			

PMCare SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
Careline: 1-300-88-6868 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name MRN Age/Gender : 26Y 9M 10D / MALE Lab No : P0000043785 Referred By : Dr. CHEAH OOI JOON	IC No. : Visit No : V0000000001-PJAY Received On : 20/01/2018 1:33PM Reported On : 20/01/2018 2:09PM
--	---

Serology

Test Name	Result	Reference Range
<u>DENGUE FEVER DIAGNOSIS</u>		
DENGUE IGG ANTIBODY	NEGATIVE	
DENGUE IGM ANTIBODY	NEGATIVE	
DENGUE NS1 ANTIGEN	NEGATIVE	

***** END OF REPORT *****

Comment :

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name		IC No.	
MRN		Visit No	: V0000000001-PJAY
Age/Gender	: 26Y 9M 10D / MALE	Received On	: 20/01/2018 1:33PM
Lab No	: P0000043786	Reported On	: 20/01/2018 2:09PM
Referred By	: Dr. CHEAH OOI JOON		

Biochemistry

Test Name	Result	Reference Range
<u>RENAL PANEL 2</u>		
RANDOM GLUCOSE	5.24 mmol/L	(3.90 - 7.80)

***** END OF REPORT *****

Comment :

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name		IC No.	: 910412-01-5587
MRN		Visit No	: V0000000001-PJAY
Age/Gender	: 26Y 9M 10D / MALE	Received On	: 20/01/2018 2:56PM
Lab No	: P0000043788	Reported On	: 20/01/2018 3:10PM
Referred By	: Dr.CHEAH OOI JOON		

Serology

Test Name	Result
MYCOPLASMA PNEUMONIAE IGM	POSITIVE

***** END OF REPORT *****

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name :	IC No. :
MRN :	Visit No : A0000000001-PJAY
Age/Gender : 201 9/11/11 / MALE	Received On : 21/01/2018 6:41AM
Lab No : P0000043801	Reported On : 21/01/2018 7:20AM
Referred By : Dr. ANDY EASWAREN VASUDEVAN	Ward/Room/Bed : MULTIDISCIPLINE 1 / 52 / 52B

Haematology

Test Name	Result	Reference Range
FULL BLOOD COUNT (FBC)		
* HAEMOGLOBIN	9.0 g/dl	(12.50 - 17.50)
RBC (RED BLOOD CELL)	5.05 x10 ⁶ /μL	(4.50 - 6.00)
* PCV (PACKED CELL VOLUME)	30 %	(40 - 50)
* MCV	60 fl	(78 - 97)
* MCH	18 pg	(27 - 33)
* MCHC	30 g/dl	(31 - 35)
* RDW	19 %	(11 - 15)
NEUTROPHIL	68.8 %	(40 - 75)
* LYMPHOCYTE	17.6 %	(20 - 45)
* MONOCYTE	12.5 %	(2 - 10)
* EOSINOPHIL	0.9 %	(1 - 6)
BASOPHIL	0.2 %	(0 - 1)
PLATELET COUNT	369 x10 ³ /μL	(150 - 400)
WBC (WHITE CELL COUNT)	5.6 x10 ³ /μL	(4.0 - 11.0)

***** END OF REPORT *****

Comment :

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LABORATORY REPORT



Quantum
Matter

NAME

**Laboratory Department
Columbia Asia Hospital-PJ**

SEX/AGE

NRIC/PASSPORT

Lot 69 Jalan 13/6, Seksyen 13
46200 Petaling Jaya

MRN

LAB NO : 181038580

SPECIMEN COLLECTED : 20/01/2018 13:30

REPORT PRINTED : 22/01/2018 10:09

DR. Andy

mb 1

Bacteriology

Report Status : Preliminary Report

Specimen : Blood culture aerobic and anaerobic bottles

Culture

Culture : No growth was obtained after 24 hours incubation. Cultures continuing

-- End of Report --

Validated By : Robert Lee Teck Vui Dip.Med.Lab.Tech at 10:09 on 22/01/2018

Note: This is a computer generated report and requires no signature

L3-4, 3rd Floor, Wisma Kemajuan, No. 2, Jalan 19/1B, 46300 Petaling Jaya, Selangor, Malaysia.
t | +603-7626 3522 f | +603-7626 3588 Customer Care | 1300 13 3522


Quantum Diagnostics Sdn Bhd (Co No. 9412414)

Page 1 of 1



COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name	IC No.
MRN	Visit No : V0000000001-PJAY
Age/Gender : 26Y 9M 10D / MALE	Received On : 20/01/2018 4:55PM
Lab No : P0000043789	Reported On : 20/01/2018 5:18PM
Referred By : Dr. CHEAH OOI JOON	

Serology

Test Name**Result**

STOOL FOR ROTAVIRUS

RAPID ROTAVIRUS : **POSITIVE**
RAPID ADENOVIRUS: NEGATIVE

***** END OF REPORT *****

Comment :

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name		IC No.	
MRN		Visit No	: V0000000001-PJAY
Age/Gender	: 26Y 9M 10D / MALE	Received On	: 20/01/2018 4:55PM
Lab No	: P0000043789	Reported On	: 20/01/2018 5:18PM
Referred By	: Dr.CHEAH OOI JOON		

Clinical Pathology

Test Name	Result
STOOL FOR OCCULT BLOOD	POSITIVE

***** END OF REPORT *****

Comment :

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name	IC No.
MRN	Visit No : V0000000001-PJAY
Age/Gender : 20Y 9M 10D / MALE	Received On : 20/01/2018 1:33PM
Lab No : P0000043785	Reported On : 20/01/2018 1:44PM
Referred By : Dr. CHEAH OOI JOON	

Haematology

Test Name	Result	Reference Range
<u>DENGUE FEVER DIAGNOSIS</u>		
FULL BLOOD COUNT (FBC)		
* HAEMOGLOBIN	9.1 g/dl	(12.50 - 17.50)
RBC (RED BLOOD CELL)	5.29 x10 ⁶ /μL	(4.50 - 6.00)
* PCV (PACKED CELL VOLUME)	31 %	(40 - 50)
* MCV	59 fl	(78 - 97)
* MCH	17 pg	(27 - 33)
* MCHC	29 g/dl	(31 - 35)
* RDW	19 %	(11 - 15)
* NEUTROPHIL	83.2 %	(40 - 75)
** LYMPHOCYTE	7.5 %	(20 - 45)
MONOCYTE	8.9 %	(2 - 10)
* EOSINOPHIL	0.2 %	(1 - 6)
BASOPHIL	0.2 %	(0 - 1)
PLATELET COUNT	387 x10 ³ /μL	(150 - 400)
WBC (WHITE CELL COUNT)	6.7 x10 ³ /μL	(4.0 - 11.0)

***** END OF REPORT *****

Comment :

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COLUMBIA ASIA HOSPITAL - PETALING JAYA

LABORATORY REPORT

Name	IC No.
MRN	Visit No : V0000000001-PJAT
Age/Gender : 26Y 9M 10D / MALE	Received On : 20/01/2018 1:33PM
Lab No : P0000043785	Reported On : 20/01/2018 2:09PM
Referred By : Dr. CHEAH OOI JOON	

Biochemistry

Test Name	Result	Reference Range
LIVER FUNCTION TEST		
PROTEIN	73.4 g/L	(60 - 86)
ALBUMIN	47.1 g/L	(35 - 50)
GLOBULIN	26 g/L	(20.0 - 39.0)
A/G RATIO	2	(1.0 - 2.2)
BILIRUBIN-TOTAL	7.2 µmol/L	(3.0 - 22.5)
GGT (GAMMA GLUTAMYL TRANSFERASE)	11 U/L	(1 - 55)
ASPARTATE TRANSAMINASE (SGOT)	34.4 U/L	(0 - 40)
ALANINE TRANSAMINASE (SGPT)	20.3 U/L	(0 - 46)
ALKALINE PHOSPHATASE	46 U/L	(40 - 130)
RENAL PANEL 2		
UREA	3.3 mmol/L	(1.70 - 8.30)
CREATININE	91 µmol/L	(0 - 120)
URIC ACID	377 µmol/L	(< 506)
SODIUM	136 mmol/L	(136 - 145)
POTASSIUM	3.59 mmol/L	(3.5 - 5.5)
CHLORIDE	98.5 mmol/L	(94 - 111)
TOTAL CALCIUM	2.25 mmol/L	(2.0 - 2.6)
PHOSPHATE	1.05 mmol/L	(0.80 - 1.60)

***** END OF REPORT *****

Comment :

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