



COLUMBIA ASIA SDN. BHD.(388359-P) COLUMBIA ASIA HOSPITAL BUKIT RIMAU Wholly Owned By COLUMBIA ASIA SDN BHD NO. 3, PERSIARAN ANGGERIK ERIA, BUKIT RIMAU, SEKSYEN 32, SHAH ALAM 40460 **SELANGOR**

GST ID No:001965957120 Tel No: 03-51259999

Fax No: 03-51259998

TAX INVOICE

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

Debtor Address: NO 1, JALAN USJ 21/10,, UEP SUBANG JAYA,, , ,

SUBANG JAYA, 47630, SELANGOR, MALAYSIA

Bill No.: OPC-114567

Bill Date/Time: 05/11/2019 09:43:04 PM

Cashier Name: HAZAWANI.H Debtor Code: P0002

Credit Term:

60 Day(s)

nit/Visit Date/Time:

05/11/2019 09:00:07 PM

charge Date/Time:

/ard/Rm/Bed/Type :

Doc. Amount

Charge Type: OutPatient

Patient Address:

IC No.: MRN:

GL No.:

Co.Guarantor:

Patient Name:

Admitting / Primary : MOHD KHIR BIN ABDUL SHUKOR

Doctor	* ÷						
_	Description	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHAP	RGES						
	ADMIN CHARGES						
		5.00	0.00		0.00	5.00	
							5.00
	NURSING				0		
		15.75	0.00		0.00	15.75	
					9		15.75
	PHARMACY				,		
		61.55	0.00		0.00	61.55	
					,		61.55
NON INDEPEND	ENT DOCTOR CHARGES MO CONSULTATION				·		
Doctor Name:	MOHD KHIR BIN ABDUL SHUKOR	50.00	0.00		0.00	50.00	
							50.00
				Tota	l Amount :		132.30
RECEIVED			Total Discounted			0.00	
			Total G	ST @ 69	6 Amount:		0.00
	1 5 NOV 2019		Tota	l Payable	e Amount :	· .	132.30
	1 0 110 1 2010		R	ounded	Off Value:	:	132.30

PMCARE SDN BHD Mailing Unit

LESS Total Credit Note:

0.00 132.30

Allocated Amount



ADD Total Debit note:

0.00
132.30

LESS Payment:
0.00

Balance Payable / (Refundable):
132.30

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

Printed By: HAZAWANI.H

05/11/2019 9:42:56PM

Page 2 of 2



FORM MM201 (Part 1)

TRANSMISSION

CRD

GL Serial No.

Previous GL Serial No. Date / Time of Issuance

Attention To

: 19110521072763

: 19110521072763 05/11/2019 21:7:27.961 MEDICAL OFFICER

COLUMBIA ASIA HOSPITAL - BUKIT RIMAU

Sp/Hosp. Fax No.

Other Fax No.

By Hand/Courier/Mail Visit Type

Service Type Appointment Date : 0351259998

0351259999

FIRST VISIT CONSULTATION 05/11/2019

GUARANTEE LETTER ("GL") GL Validity Period:

NRIC No.:
810611035427
Relationship:
EMPLOYEE
Program Type:
TPA
Benefit Plan: UMWAISB5_Y19
GP,SP,HP(R&B100_15K)

to make payment for Outpatient visit expenses incurred for abovenamed patient NOT

- The abovenamed patient is entitled to (RM) AS CHARGED
- Diagnosis (Provisional or Primary)

DISORDER OF LIGAMENT

- Kindly note that: 4.
 - Expense entitlement is only for or directly related to medical / surgical condition referred to the Diagnosis as per above Item No. 3.
 - PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount must be recovered by the hospital from the patient upon their discharge.
 - Payment of claim is subject to timely submission of complete documents, i.e. within 30 days from date of service or discharge.
 - Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
- Please attach the completed form MM201 (Part I & II) together with your invoice for payment. 5.
- Please note that the following non-medical items are not covered: Congenital Anomalies, Birth Control & Infertility investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatry Disorder; and Dental Care. For complete listing, please refer to the Working Guidelines.

Yours faithfully,

For and on behalf of PMCare Sdn Bhd.

Authorised Signatory

I, the abovenamed and/or on behalf of my dependent hereby consent to the release of medical report and/or information to PMCare Sdn Bhd and my Employer, and/or Payor for claims processing, adjudication, payment, and reporting.

Name

NRIC No.:

10611-03-5427



FORM MM201 (Part II)

Appointment Date : 05/11/2019 NRIC: 810611035427 Benefit Plan: UMWAISB5_Y19 GP.SP. IPP(R&B100_15K) 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. Treatment of cosmetic nature	GL Serial No. : 19110521072763 GL Issued To : COLUMBIA ASIA HOSPITAL - BUKIT RIN	Visit Type : FIRST VISIT VISIT Type : CONSULTATION				
Bright Plans: UMWAISB5_Y19 GP,SP.HP(RRB100_15K) Benefit Plans: UMWAISB5_Y19 GP,SP.HP(RRB100_15K) GP,SP.HP(RRB100_15K) Freatment by acouptcurist, homeopath and traditional medicine practitioner Contraceptive treatment such as taking family planning plis, IUD, stellization Infertility treatment Adds for correction of eyesight and hearing REASON FOR REFERRAL (Based on Referral/Previous Notes) PIBORDER OF LIGAMENT SPECIALIST CONSULTANT OR ADMISSION NOTES Provisional Diagnosis Final Diagnosis Infertility-related Infertility-related Cosmetic University reatment Infertility-related Cosmetic Work-related Vork-related Follow-up necessary? Please indicate V if patient needs to be/was crossed referred? No Ves	de issued for . Goeding // // Colon from the bold from					
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Major Procedure(s) - if any Please indicate V	Since when condition deemed to have started	ICD10 coding, if available				
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Signature of Attending Specialist Note: Once stable, please refer the patient leack to the referring doctor or his/her regular Granith appropriate advis	☐ N/A = Applicable ☐ FU = Follow Up ☐	FV = First Visit				
PMCARE SDN BHD (458443-P)	Signature of Attending Specialist	MBBS (Mai), LFOW (MAIN) MMC Reg. No. 56536 Chief Medical Officer Occupational Medical Facility Stamp				
PMCARE SDN BHD (458443-P) No. 1, July 1452 21/10, 1452 School Page 47/20 School Melastic Converting 02 9036 5999	Note: Once stable, please refer the patient back to the refe	erring doctor or his/her regulan GR with appropriate advise.				
NO LUZIAN UNI ZUZU LIEP SUNANO JAVA 4750 SEJANDOR IVIZIAVSIA GENERALLINE: UN-8070 NANA	PMCARE SDN E	3HD (458443-P) 7630 Selangor, Malaysia, General Line: 03-8026 6888				