

COLUMBIA ASIA SDN.BHD. 199601016009 (388359-P)  
COLUMBIA ASIA HOSPITAL PUCHONG  
(Wholly Owned by Columbia Asia Sdn Bhd.)  
NO.1 LEBUH PUTERI  
BANDAR PUTERI

PUCHONG 47100  
SELANGOR

Tel No : 603-80648688 Fax No : 603-80648605

## INVOICE

Debtor Name : PM CARE SDN BHD

Ref. No :

Debtor Address: NO. 1 JALAN USJ 21/10, UEP, , , SUBANG JAYA,  
47630, SELANGOR, MALAYSIA

GL No. : 20022112175882

Co.Guarantor:

Patient Name

Patient Address

IC No.

MRN:

Admitting /Primary Doctor : CHEONG KUAN LOONG

Bill No. : OPC-218434

Bill Date/Time : 21/02/2020 05:23:54 PM

Cashier Name : NURSHAFIKAH.Z

Debtor Code : PM CARE

Credit Term : 60 Day(s)

Admit/Visit Date/Time : 21/02/2020 02:36:09 PM

Discharge Date/Time :

Ward/Rm/Bed/Type :

Charge Type : OutPatient

Description	Amount (RM)	Disc Amt (RM)	Tax Code	Tax Amt (RM)	Payable Amt (RM)	Total (RM)
<b>HOSPITAL CHARGES</b>						
ADMIN CHARGES	6.00	0.00		0.00	6.00	
					<b>6.00</b>	
LABORATORY	253.50	0.00		0.00	253.50	
					<b>253.50</b>	
PHARMACY	404.13	0.00		0.00	404.13	
					<b>404.13</b>	

### DOCTOR CHARGES

Doctor Name : SPECIALIST  
CONSULTATION  
CHEONG KUAN LOONG

94.50

**94.50**

Total Amount (RM) : 758.13

Total Discounted (RM) : 0.00

Total Tax Amount (RM) : 0.00

Total Payable Amount(RM) : 758.13

Rounded Off Value (RM) : 758.15

Doc. Amount

Allocated Amount



PCN-43377

21/02/2020

**LESS Total Credit Note (RM) :**

7.65

**7.65**

7.65

**7.65**

**750.50**

**ADD Total Debit note (RM) :**

**0.00**

**750.50**

**LESS Payment (RM) :**

**0.00**

**Balance Payable / (Refundable) (RM) :**

**750.50**

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

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**Ward/Rm/Bed/Type :**

**Charge Type :** OutPatient

**GL No. :** 20022112175882

**Co.Guarantor :**

**Patient Name :**

**Patient Address :**

**IC No. :**

**MRN :**

**Admitting/Primary  
Doctor**

### Description

Qty

Amount

Disc

Tax

Tax

Payable

Total

(RM)

(RM)

Code

Amt

Amt

(RM)

### HOSPITAL CHARGES

#### ADMIN CHARGES

21/02/2020

REGISTRATION FEE -  
OUTPATIENT

1.00

6.00

0.00

0.00

6.00

6.00

#### LABORATORY

21/02/2020

AMYLASE  
FULL BLOOD COUNT (FBC)  
C-REACTIVE PROTEIN  
(QUANTITATIVE)  
LIVER FUNCTION TEST 2  
RENAL PANEL 2  
URINE FEME

1.00

30.00

0.00

0.00

30.00

1.00

34.00

0.00

0.00

34.00

1.00

45.00

0.00

0.00

45.00

1.00

69.00

0.00

0.00

69.00

1.00

61.50

0.00

0.00

61.50

1.00

14.00

0.00

0.00

14.00

253.50

#### PHARMACY

21/02/2020

METEOSPASMYL CAP  
(ALVERINE CITRATE +  
SIMETHICONE)  
NEXIUM 40MG TAB  
(ESOMEPRAZOLE)  
GAVISCON ADVANCE LIQUID  
150ML  
AMITRIPTYLINE 10MG TAB  
(APOTEX)

90.00

113.40

0.00

0.00

113.40

30.00

235.50

0.00

0.00

235.50

1.00

39.93

0.00

0.00

39.93

30.00

15.30

0.00

0.00

15.30

## DOCTOR CHARGES

### SPECIALIST CONSULTATION

Doctor Name : CHEONG KUAN LOONG

21/02/2020

CONSULT - COMPLEX FOLLOW  
UP NORMAL HOUR 1.00

94.50

94.50

Total Amount (RM) : 758.13

Total Discounted (RM) : 0.00

Total Tax Amount (RM) : 0.00

Total Payable Amount (RM) : 758.13

Rounded Off Value (RM) : 758.15

PCN-43377

21/02/2020

LESS Total Credit Note (RM) :

Doc. Amount

Allocated Amount

7.65

7.65

7.65

7.65

750.50

ADD Total Debit note (RM) :

0.00

750.50

LESS Payment (RM) :

0.00

Balance Payable / (Refundable) (RM) :

750.50

All cheque payment should be made to COLUMBIA ASIA SDN BHD

CHEONG KUAN LOONG  
BUSS. REG. NO. :751011-08-5087  
NO.1 LEBUH PUTERI  
BANDAR PUTERI

PUCHONG 47100  
SELANGOR  
Tel No : 603-80648688 Fax No : 603-80648605

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**Ref.No :**

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**Debtor Code :** PMCARE

**Credit Term :** 60 Day(s)

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**Discharge Date/Time :**

**Ward/Rm/Bed/Type :**

**Charge Type :** OutPatient

**GL No. :** 20022112175882

**Co.Guarantor :**

**Patient Name :**

**Patient Address :**

**IC No. :**

**MRN :**

**Admitting/Primary  
Doctor :**

**Description**

**Qty Amount  
(RM)**

**Disc  
Amt  
(RM)**

**Tax  
Code**

**Tax  
Amt  
(RM)**

**Payable  
Amt  
(RM)**

**Total  
(RM)**

**DOCTOR CHARGES**

**SPECIALIST CONSULTATION**

**Doctor Name :** CHEONG KUAN LOONG

**21/02/2020**

CONSULT - COMPLEX  
FOLLOW UP NORMAL HOUR

1.00

94.50

0.00

0.00

94.50

**94.50**

**Total Amount (RM) : 94.50**

**Total Discounted (RM) : 0.00**

**Total Tax Amount (RM) : 0.00**

**Total Payable Amount (RM) : 94.50**

**Rounded Off Value (RM) : 94.50**

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



**FORM MM201 (Part 1)****TRANSMISSION**

CRD :  
GL Serial No. : 20022112175882  
Previous GL Serial No. : 20022112175882  
Date / Time of Issuance : 21/02/2020 12:17:58.682  
Attention : DR CHEONG KUAN LOONG  
To : COLUMBIA ASIA HOSPITAL PUCHONG

Sp/Hosp. Fax No. : 0380648605  
Other Fax No. : 0380648688  
By Hand/Courier/Mail :  
Visit Type : FOLLOW UP  
Service Type : CONSULTATION  
Appointment Date : 21/02/2020

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

- i) To be utilized until 05/03/2020  
ii) For one (1) Outpatient visit only.

		NRIC No. :
	HAD	Program Type: TPA
		Benefit Plan: MAHB_EM1 (GP,SP&HP_R&B250_UNLIMITED)_D_M

PMCare Sdn Bhd undertakes to make payment for Outpatient visit expenses incurred for abovenamed patient NOT in Item No. 2.

2. The abovenamed patient is entitled to (RM) **AS CHARGED**

3. Diagnosis (Provisional or Primary)

ACUTE GASTRITIS

4. Kindly note that:
- 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.
5. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.
6. 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. :

**FORM MM201 (Part II)**



GL Serial No. : 20022112175882

GL Issued To : COLUMBIA ASIA HOSPITAL PUCHONG

Visit Type

: FOLLOW UP

Service Type

: CONSULTATION

Appointment Date

: 21/02/2020


THE PR

Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization, 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)**

ACUTE GASTRITIS

**SPECIALIST CONSULTANT OR ADMISSION NOTES**

**Provisional Diagnosis**

Gastritis

**Final Diagnosis**

Gastritis & IBS

ICD10 coding, if available

**Since when condition deemed to have started**

Feb 2020

**Major Procedure(s) - if any**

Please indicate ☒ if this illness or treatment is/are

NA

☐  
☐  
☐

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

**Dr. Cheong Kuan Loong**

MBBS (UM), M.MED (Internal Medicine) (UM)

Fellowship in Gastroenterology (Mal)

MMC Full Registration No: 37905

MSR Registration No: 126394

Resident Consultant Physician, Gastroenterologist & Hepatologist

Signature of Attending Specialist

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

Columbia Asia Hospital Puchong,  
No. 1, Lebuhr Puteri, Bander Puteri Puchong,  
47100 Puchong, Selangor Darul Ehsan.  
Tel: 03-80648688 Fax: 03-80648783  
Medical Facility Stamp

PM CARE 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