

BACKTOHEALTH (M) SDN BHD (509053-M)

Ampwalk Suite, 2.07A, Second Floor, 218, Jalan Ampang, 50450, Kuala Lumpur.

Tel: 03-2166 2195 Fax: 03-2171 2195

Email: dbc.ampang@dbcsam.com Website: www.dbcsam.com

2020 021210471892.

Invoice To:

PMCARE SDN BHD

No. 1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor

INVOICE

Invoice #:	01029
Date:	20/01/2020
Page:	1 of 1
GL No:	19103113375071

Attention:

No Description

Treatment Date

Total Price

Name

Membership No.

Company

12 Weeks DBC Back Reconditioning Programme

DBC BACK

18/11/2019

135.00

RINGGIT MALAYSIA: ONE HUNDRED AND THIRTY FIVE ONLY

Total:

135.00

Please make a cheque/TT Payment favour of: BACKTOHEALTH (M) SDN BHD

Account No: 8000663248 Bank: CIMB Berhad Branch: Taman Tun Dr Ismail SWIFT CODE: CIBBMYKL

BACKTOHEALTH (M) SDN BHD

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FORM MM201 (Part 1)

TRANSMISSION

CRD GL Serial No.

Previous GL Serial No. Date / Time of Issuance Attention

19103113375071 19103113375071

31/10/2019 13:37:50.857 PHYSIOTHERAPY UNIT BACK TO HEALTH (M) SDN BHD Sp/Hosp. Fax No. Other Fax No. By Hand/Courier/Mail

0321663195 0321662195

Visit Type Service Type Appointment Date

FOLLOW UP CONSULTATION 01/11/2019

GUARANTEE LETTER ("GL") GL Validity Period:

i) To be utilized until 14/12/2019 ii) For one (1) Outpatient visit or one (1) Inpatient admission not exceeding five (5)days.

iii) For extension of admission, a new GL must be obtained upon expiry of five (5) days validity. Name of Dationt **TPA** Benefit Plan: KWSPBJ3 Y17 GP,SP,HP(R&B250)_D_M

In Bhd undertakes to make payment for Outpatient visit / Admission expenses incurred for abovenamed limits stated in Item No. 2.

The abovenamed patient is entitled to:

A total limit of not more than	AS CHARGED
A daily Room & Board charges inclusive of Meals of not more than	N/A
Surgical fees of not more than	0.00
Anesthetic fees of not more than	N/A
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

Diagnosis

OTHER SPECIFIED ARTHRITIS: FOR PHYSIO VALID FROM 01/11/2019 UNTIL 30/11/2019 (MULTIPLE VISIT)

Medications, vitamins and supplements are allowed up to a maximum of three (3) months supply if Important note: prescribed for a valid medical indication declared by the attending doctor.

- 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. b.
 - 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.
 - For extension of admission, the hospital must contact PMCare.
- 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.
- Please attach the completed form MM201 (Part II) together with your invoice for payment.

Yours faithfully,

200 beels

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.

nd on behalf of

Name NRIC No

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. : 19103113375071 GL Issued To : BACK TO HEALTH (M) SDN BHD

: FOLLOW UP

CONSULTATION

Visit Type Service Type Appointment Date

: 01/11/2019

Name of Patient:	NRIC:	
	127/2011 Control of the Control of t	
THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE P	PROGRAM	
Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization which are of a	
Contraceptive treatment such as taking family planning	personal nature, e.g food, telephone, extra bed.	
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	
DEACON FOR DEFERDAL (D		
REASON FOR REFERRAL (Based on Referral/Previous Notes		
OTHER SPECIFIED ARTHRITIS: FOR PHYSIO VALID FROM 01/11/2019 UNTIL	. 30/11/2019 (MULTIPLE VISIT)	
SPECIALIST CONSULTANT OR ADMISSION NOTES		
STECIALIST CONSOLITANT ON ADMISSION NOTES		
Provisional Diagnosis		
Final Biometric		
Final Diagnosis		
	· ·	
	ICD10 coding, if available	
Since when condition deemed to have started	J	
Major Procedure(s) - if any		
9		
Please indicate 1/ Pregnancy-related	Chronic Psychological	
if this illness Infertility-related	Cosmetic MVA-related	
or treatment is/are Congenital	Work-related	
Follow-up necessary?	No.	
Please indicate v if patient needs to be/was crossed referre	No Yes	
riease indicate V ii patient needs to be/was crossed referre	nd? Land Yes	
If Yes, to which specialist? (Please state reasons)		
(rease state reasons)	4	
	DBC Asia Healthcare Sdn Bho	
N/A = Applicable FU = Follow Up	FV = First Visit Company No: 1015309-U	
	Suite 2.11, 2nd Floor, AmpWalk	
//-	218 Jalan Ampang,	
	50450 Kuala Lumpur.	
Signature of Attending Specialist	Medical Facility Stamp	
Notes Ones stable along of the stable and the stabl		
Note: Once stable, please refer the patient back to the refer	ring doctor or his/her regular GP with appropriate advise.	