



Gleneagles Hospital
MEDINI JOHOR

Pantai Medical Centre Sdn Bhd (73056-D)
No.2, Jalan Medini Utara 4, Medini Iskandar,
79250 Iskandar Puteri, Johor Darul Takzim, MALAYSIA
Tel: +607 560 1000 Fax: +607 560 1007
www.gleneaglesmedini.com.my email: my.gmh.finance@parkwaypantai.com

INVOICE
OUTPATIENT BILL - SUMMARY HP30310120183506

Payor

PM CARE SDN BHD - ISKANDAR INVESTMENT BERHAD
NO. 21, JALAN USJ 21/10,
UEP SUBANG JAYA
47630 SUBANG JAYA
SELANGOR
Attn:

Page : 1
Bill No. : 0200006025
Bill Date/Time : 22/01/2020 17:37:38
Prepared By : ADIBAH.JALIL
Account : P000010021
Credit Term : 60 days
Visit Date/Time : 22/01/2020 16:34:02
Charge Type : OP
GL No : 20012214282942
Bill Type : FINAL BILL
Registration No : 20OP01006684
Attending Dr : DR LUA GUAN WAY

SERVICE RECEIPT

Title :
Patient Name :
Patient Add :

ID No. :
MRN :

DESCRIPTION	MMA Code	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	TAX AMOUNT (RM)	TAX CODE	PAYABLE (RM)
HOSPITAL CHARGES							
MEDICATION		382.50	0.00	382.50	0.00		382.50
SUB TOTAL		382.50	0.00	382.50	0.00		382.50
DOCTORS CHARGES							
INDEPENDENT DOCTOR - COLLECTION ON BEHALF							
CONSULTATION & ASSESSMENT							
<u>DR LUA GUAN WAY, GASTROENTEROLOGY*</u>							
OUTPATIENT FOLLOW-UP VISIT (COMPLEX)		105.00	0.00	105.00			105.00
SUB TOTAL		105.00	0.00	105.00			105.00
GRAND TOTAL				487.50	0.00		487.50
TOTAL BILL AMOUNT							487.50

Print Date/Time : 23/01/2020 09:33:02 NOR.FARAHIDAYU 37500
Remarks :
Note: All fund remittances are to be made to "Gleneagles Medini", with
Bank Name : CIMB Bank Berhad
Account No. : 8-00730729-3
Please state your "Admission No./Registration No." for your remittance.



INVOICE OUTPATIENT BILL - ITEMISED

Payor

PM CARE SDN BHD - ISKANDAR INVESTMENT BERHAD
NO. 21, JALAN USJ 21/10,
UEP SUBANG JAYA
47630 SUBANG JAYA
SELANGOR

Attn:

SERVICE RECIPIENT

Title :
Patient Name :
Patient Add :

ID No. :
MRN :

Page : 1
Bill No. : 0200006025
Bill Date/Time : 22/01/2020 17:37:38
Prepared By : ADIBAH.JALIL
Account : P000010021
Credit Term : 60 Days
Visit Date/Time : 22/01/2020 16:34:02

Charge Type : OP
GL No : 20012214282942
Bill Type : **FINAL BILL**
Registration No : 200P01006684
Attending Dr : DR LUA GUAN WAY

TXN DATE	DESCRIPTION	QTY MMA CODE	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	TAX AMOUNT (RM)	TAX CODE	PAYABLE (RM)
Billing Group Description CONSULTATION/PROCEDURE CHARGES *								
INDEPENDENT DOCTOR - COLLECTION ON BEHALF								
DR LUA GUAN WAY, GASTROENTEROLOGY*								
22/01/2020	OUTPATIENT FOLLOW-UP VISIT (COMPLEX)	1	105.00	0.00	105.00			105.00
	SUB TOTAL		105.00	0.00	105.00			105.00
Billing Group Description MEDICATION								
22/01/2020	LEGALON 140MG CAP (SILYBUM MARIANUM DRIED EXTR) 100S OTC	90	162.00	0.00	162.00	0.00		162.00
22/01/2020	LIPITOR 20MG TAB (ATORVASTATIN CALCIUM) B	30	144.00	0.00	144.00	0.00		144.00
22/01/2020	PRINCI-B-FORTE 250MG/250MG/1MG TAB (VITAMIN B1+B6+B12) OTC, PK	30	22.50	0.00	22.50	0.00		22.50
23/01/2020	GLUCOPHAGE XR 500MG TAB (METFORMIN HCL) C	60	54.00	0.00	54.00	0.00		54.00
	SUB TOTAL		382.50	0.00	382.50	0.00		382.50
	GRAND TOTAL							487.50
TOTAL BILL AMOUNT								487.50

Print Date/Time: 23/01/2020 09:33:15 NOR.FARAHIDAYU

Remarks :

Note: All fund remittances are to be made to "Gleneagles Medini", with
Bank Name : CIMB Bank Berhad
Account No. : 8-00730729-3
Please state your "Admission No./Registration No." for your remittance.

**M MM201 (Part 1)****TRANSMISSION**

ID :
 GL Serial No. : 20012214282942
 Previous GL Serial No. : 20012214282942
 Date / Time of Issuance : 22/01/2020 14:28:30.031
 Attention : DR LUA GUAN WAY
 To : GLENEAGLES MEDINI HOSPITAL

Sp/Hosp. Fax No. : 075601021
 Other Fax No. : 075601000
 By Hand/Courier/Mail :
 Visit Type : FOLLOW UP
 Service Type : CONSULTATION
 Appointment Date : 22/01/2020

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

- i) To be utilized until 04/02/2020
 ii) For one (1) Outpatient visit only.

		L_F)_M	
		s to make payment for abovenamed patient NOT	
		GED	
3. Diagnosis (Provisional or Primary)			
LIVER DISEASE, UNSPECIFIED			

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. :

.....
 Guan Yee Hoon
 665515109178

FORM MM201 (Part II)



GL Serial No. : 20012214282942
GL Issued To : GLENEAGLES MEDINI HOSPITAL

Visit Type : FOLLOW UP
Service Type : CONSULTATION
Appointment Date : 22/01/2020

	COVERED UNDER THE PR		
	opath and traditional		of a
	aking family planning		
	Infertility treatment		
	Aids for correction of eyesight and hearing		ies

REASON FOR REFERRAL (Based on Referral/Previous Notes)

LIVER DISEASE, UNSPECIFIED

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

NASH

Final Diagnosis

NASH

ICD10 coding, if available

Since when condition deemed to have started

Major Procedure(s) - if any

Please indicate ☒ if this illness or treatment is/are

☐ Pregnancy-related
☐ Infertility-related
☐ Congenital

☐ Chronic
☐ Cosmetic
☐ Work-related

☐ Psychological
☐ MVA-related

②

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. LIA GUAN WAY
MMC NO : 42357
NSR NO : 132502
MBBS(UM), MRCP(UK), Fellowship in Gastroenterology
and Hepatology(Malaysia), Fellowship in Advanced
Endoscopy(Shanghai, China)
Consultant Gastroenterologist & Hepatologist
Gleneagles Medini

Medical Facility Stamp

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