



ISEC SDN. BHD.  
INTERNATIONAL SPECIALIST EYE CENTRE  
Level 7 & 8, Centrepont South  
The Boulevard, Mid Valley City

Kuala Lumpur 59200  
Tel No : +603-2284 8989

Fax No : +603-2284 4330

20200307 1149 5710

**Debtor Name :** PMCARE SDN BHD  
**Debtor Code :** 300P/001  
**Debtor Address :** NO 1, JALAN USJ 21/10, UEP SUBANG  
JAYA, , SUBANG JAYA, 47630, SELANGOR

**Bill No. :** OPC/MV/2020/436  
**Bill Date :** 02/03/2020  
**Cashier Name :** noridan

**GL No. :** 20022211015565  
**Corporate Company :** BANK NEGARA MALAYSIA

**Debtor Code :** 300P/001  
**Credit Term :** 60 Day(s)

**Membership No. :**

**Co.Guarantor :**

**Patient Name :**

**IC No. :**

**MRN :**

**Id IC/Passport :**

**Charge Type :** OutPatient

Description	Qty	Amount	Tax Amt	Payable Amt	Total
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#### DOCTOR CHARGES

##### CONSULTATION

Doctor Name : Dr. Gan Eng Hui					
CF098 - CONSULTATION - Follow up D	1.00	105.00	0.00	105.00	
					<b>105.00</b>

#### HOSPITAL CHARGES

##### CLINIC FACILITY

Doctor Name : Dr. Gan Eng Hui					
D0002 - CLINIC FACILITY FEE - FOLLOW UP	1.00	35.00	0.00	35.00	
					<b>35.00</b>

##### PHARMACY - DROPS

Doctor Name : Dr. Gan Eng Hui					
P120TIMO - TIMOCOMOD (TIMOLOL) 0.5% 10ML	1.00	35.00	0.00	35.00	
					<b>35.00</b>

**Total Amount : 175.00**

**Total Tax Amount : 0.00**

**Total Payable Amount : 175.00**

**Rounded Off Value : 175.00**

**Doc. Amount Allocated Amount**

**LESS Total Credit Note : 0.00**

**175.00**

**ADD Total Debit note : 0.00**

**175.00**

**LESS Payment : 0.00**

**Balance Payable / (Refundable) : 175.00**



**BNM - RETIREE****FORM MM201 (Part 1)****TRANSMISSION**

CRD :  
 GL Serial No. : 20022211015565  
 Previous GL Serial No. : 20012408504198  
 Date / Time of Issuance : 22/02/2020 11:1:55.886  
 Attention : DR GAN ENG HUI  
 To : INTERNATIONAL SPECIALIST EYE CENTRE

Sp/Hosp. Fax No. : 0322823090  
 Other Fax No. : 0322842233  
 By Hand/Courier/Mail :  
 Visit Type : FOLLOW UP  
 Service Type : CONSULTATION  
 Appointment Date : 28/02/2020

MV-156924

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

(1) Inpatient admission not exceeding five (5) days.  
 GL must be obtained upon expiry of validity.

Program:	TPA
Benefit Plan:	BNMRETVIP1 GP,SP,HP(VIPR),D,M

to make payment for Outpatient visit / Admission expenses incurred for  
 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	
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

3. **Diagnosis**

OTHER SPECIFIED CATARACT : NOT VALID FOR SPECTACLES/GLASSES, REFRACTIVE ERROR & MYOPIA TREATMENT.

**Important notes: i) Medications, vitamins and supplements are allowed up to a maximum of three (3) months supply if prescribed for a valid medical indication declared by the attending doctor; and  
 ii) Confirmation from PMCare required for discharge. Any excess, please collect from the patient.**

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.
  - 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 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 hereby consent to the release of the medical report/information to PMCare Sdn Bhd and/or Bank Negara Malaysia for claims processing, payment, and Medical Utilization Report.

Name :  
 NRIC No. :

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



mv-156924  
DRGAN  
02/03/2020



FORM MM201 (Part II)

GL Serial No. : 20022211015565

GL Issued To : INTERNATIONAL SPECIALIST EYE CENTRE

Visit Type : FOLLOW UP

Service Type : CONSULTATION

Appointment Date : 28/02/2020

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)

OTHER SPECIFIED CATARACT : NOT VALID FOR SPECTACLES/GLASSES, REFRACTIVE ERROR & MYOPIA TREATMENT.

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Glaucoma, bilateral post cataract surgery.

Final Diagnosis

Glaucoma - both eyes  
pseudophakia both eyes

ICD10 coding, if available

Since when condition deemed to have started

October 2019.

Major Procedure(s) - if any

NO.

Please indicate ☒ if this illness or treatment is/are

N/A

☐  
☐  
☐

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

☐ N/A = Applicable

☐ FU = Follow Up

☐ FV = First Visit

Signature of Attending Specialist

**DR GAN ENG HUI** (MMC No. 40530)  
BSc (Med Sc) (UPM), MD (UPM), MMed (Ophthal) (USM),  
Glaucoma Fellowship (MOH) (NUH, Singapore)  
Consultant Ophthalmologist & Eye Surgeon  
Glaucoma Specialist

Medical Facility Stamp

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

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