

Upload Top up: 2/2 - 237 AM



Gleneagles™
KUALA LUMPUR

Pantai Medical Centre Sdn Bhd (73056-D)
286 Jalan Ampang,
50450 Kuala Lumpur, MALAYSIA
Tel: +603 4141 3000 Fax: +603 4257 2933/9233
www.gleneagleskl.com.my email: inquiry@gleneagleskl.com.my

INVOICE
EMERGENCY BILL - ITEMISED
#1907022018 4359

Business Office Dept
Verified by:
Date: 6/2/2020

Payor

PM CARE SDN BHD - KUMPULAN WANG SIMPANAN PEKERJA,
NO.1 JALAN USJ 21/10
UEP SUBANG JAYA
47630
SELANGOR

Page : 1
Bill No. : E200004715
Bill Date/Time : 02/02/2020 02:33:01
Prepared By : GHS7485
Account : P000010257
Credit Term : 60 Days
Credit Date/Time : 01/02/2020 21:15:00

Attn:

SERVICE RECEIPT

Title
Patient Name
Patient Address

Age Type : ED
ID No. : 20020123522313 ✓
Type : **FINAL BILL**
Registration No : 20ED02000131
Attending Dr : MOHD FIKRY BIN M ISHAN

ID No.
MRN

TXN DATE	DESCRIPTION	QTY MMA CODE	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	TAX AMOUNT (RM)	TAX CODE	PAYABLE (RM)
Billing Group Description LABORATORY INVESTIGATION								
01/02/2020	AFTER OFFICE HOUR ONCALL SERVICE CHARGES	1	32.00	0.00	32.00	0.00		32.00
01/02/2020	INFLUENZA A & B SCREENING	1	247.95	0.00	247.95	0.00		247.95
	SUB TOTAL		279.95	0.00	279.95	0.00		279.95
Billing Group Description MEDICAL OFFICER FEES								
02/02/2020	M/O PROCEDURE FEE - THROAT SWAB	1	94.00	0.00	94.00	0.00		94.00
02/02/2020	MO EMERG CONSULTATION (PHS & SUNDAY)	1	77.00	0.00	77.00	0.00		77.00
02/02/2020	MO REVIEW	1	24.00	0.00	24.00	0.00		24.00
	SUB TOTAL		195.00	0.00	195.00	0.00		195.00
Billing Group Description MEDICATION								
01/02/2020	DIFFLAM FORTE 0.3% THROAT SPRAY (BENZYLAMINE HCL) 15ML C	1	35.80	0.00	35.80	0.00		35.80
01/02/2020	FLUHALT 60 MG/5ML SUSP (OSELTAMIVIR) 100 ML B (OP)	1	143.00	0.00	143.00	0.00		143.00

Print Date/Time: 02/02/2020 02:33:03

Remarks :

Note: All fund remittances are to be made to "Gleneagles Kuala Lumpur", with
Bank Name : Malayan Banking Berhad
Account No. : 564427512104
Please state your "Admission No./Registration No." for your remittance.

RECEIVED

GHS7485

74 FEB 2020

PM CARE SDN BHD
Billing Unit



ACCREDITED
HOSPITAL



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PM CARE SDN BHD - KUMPULAN WANG SIMPANAN PEKERJA,
NO.1 JALAN USJ 21/10
UEP SUBANG JAYA
47630
SELANGOR

Attn:

SERVICE RECIPIENT

Title
Patient Name
Patient Add

ID No.
MRN

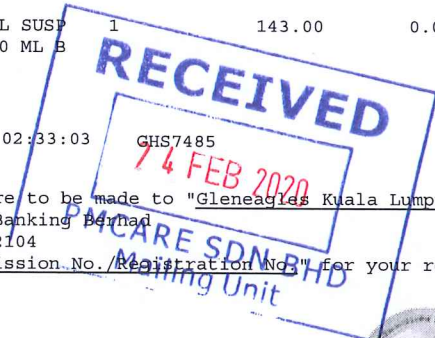
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Prepared By : GHS7485
Amount : P000010257
Payment Term : 60 Days
Payment Date/Time : 01/02/2020 21:15:00
Registration Type : ED
Registration No : 20020123522313
Registration Type : **FINAL BILL**
Registration No : 20ED02000131
Referring Dr : MOHD FIKRY BIN M ISHAN

TXN DATE	DESCRIPTION	QTY	AMOUNT	DISCOUNT	GROSS AMOUNT	TAX	TAX CODE	PAYABLE
		MMA CODE	(RM)	(RM)	(RM)	AMOUNT (RM)		(RM)
Billing Group Description LABORATORY INVESTIGATION								
01/02/2020	AFTER OFFICE HOUR ONCALL SERVICE CHARGES	1	32.00	0.00	32.00	0.00		32.00
01/02/2020	INFLUENZA A & B SCREENING	1	247.95	0.00	247.95	0.00		247.95
	SUB TOTAL		279.95	0.00	279.95	0.00		279.95
Billing Group Description MEDICAL OFFICER FEES								
02/02/2020	M/O PROCEDURE FEE - THROAT SWAB	1	94.00	0.00	94.00	0.00		94.00
02/02/2020	MO EMERG CONSULTATION (PHS & SUNDAY)	1	77.00	0.00	77.00	0.00		77.00
02/02/2020	MO REVIEW	1	24.00	0.00	24.00	0.00		24.00
	SUB TOTAL		195.00	0.00	195.00	0.00		195.00
Billing Group Description MEDICATION								
01/02/2020	DIFFLAM FORTE 0.3% THROAT SPRAY (BENZYLAMINE HCL) 15ML C	1	35.80	0.00	35.80	0.00		35.80
01/02/2020	FLUHALT 60 MG/5ML SUSP (OSELTAMIVIR) 100 ML B (OP)	1	143.00	0.00	143.00	0.00		143.00

Print Date/Time: 02/02/2020 02:33:03

Remarks :

Note: All fund remittances are to be made to "Gleneagles Kuala Lumpur", with
Bank Name : Malayan Banking Berhad
Account No. : 564427512104
Please state your "Admission No./Registration No." for your remittance.



ACCREDITED
HOSPITAL



INVOICE EMERGENCY BILL - ITEMISED

Payor

PM CARE SDN BHD - KUMPULAN WANG SIMPANAN PEKERJA
NO.1 JALAN USJ 21/10
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Payment Type : ED
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Registration No : 20ED02000131
Attending Dr : MOHD FIKRY BIN M ISHAN

TXN DATE	DESCRIPTION	QTY MMA CODE	AMOUNT (RM)	DISCOUNT (RM)	GROSS AMOUNT (RM)	TAX AMOUNT (RM)	TAX CODE	PAYABLE (RM)
01/02/2020	MUCOSOLVAN 30MG/5ML 100ML SYR (AMBROXAL HCL) NP (OP)	1	29.10	0.00	29.10	0.00		29.10
01/02/2020	PROGESIC 250MG/5ML SUSPENSION (PARACETAMOL) 100ML NP	2	22.40	0.00	22.40	0.00		22.40
01/02/2020	ZITHROMAX 200 MG/5ML SUSP (AZITHROMYCIN) 15ML B	2	95.80	0.00	95.80	0.00		95.80
01/02/2020	ZYRTEC 1MG/ML SYR (CETIRIZINE HCL) 75 ML C (OP)	1	27.90	0.00	27.90	0.00		27.90
02/02/2020	ARFEN 250MG SUPP (PARACETAMOL) 100S NP	1	1.60	0.00	1.60	0.00		1.60
	SUB TOTAL		355.60	0.00	355.60	0.00		355.60
Billing Group Description NURSING PROCEDURE								
02/02/2020	PASSING OF FLATUS TUBE/ENEMA/SUPPOSITORI ES	1	19.00	0.00	19.00	0.00		19.00
	SUB TOTAL		19.00	0.00	19.00	0.00		19.00
	GRAND TOTAL							849.55
TOTAL BILL AMOUNT								849.55

Print Date/Time: 02/02/2020 02:33:03 GHS7485

Remarks :

Note: All fund remittances are to be made to "Gleneagles Kuala Lumpur", with
Bank Name : Malayan Banking Berhad
Account No. : 564427512104
Please state your "Admission No./Registration No." for your remittance.

19.00	0.00	19.00	0.00	19.00
CHECKLIST				
PAYMENT DETAIL		<input checked="" type="checkbox"/>		
GL VALIDITY		<input checked="" type="checkbox"/>		
GL LIMIT		<input checked="" type="checkbox"/>		
STENDING DOCTOR NAME		<input checked="" type="checkbox"/>		
CLAIM FORM COMPLETED		<input checked="" type="checkbox"/>		
DOCTOR'S SIGN		<input checked="" type="checkbox"/>		
PATIENT'S SIGN		<input checked="" type="checkbox"/>		
CHECK BY		<input checked="" type="checkbox"/>		
GHS :		<input checked="" type="checkbox"/>		



**FORM MM201 (Part I)**

CRD :
GL Serial No. : 20020123522313 ✓
Previous GL Serial No. : 20020123522313
Date/Time of Issuance : 01/02/2020
Attention : MEDICAL OFFICER ✓
To : GLENEAGLES HOSPITAL KUALA LUMPUR

TRANSMISSION

Sp/Hosp. Fax No. : 0342575933
Other Fax No. : 0326937694
By Hand/Courier/Mail :
Visit Type : FIRST VISIT
Service Type : SPECIALIST
Appointment Date : 01/02/2020

GUARANTEE LETTER ("GL")

Name of Patient
Name of Employee
Name of Employer
PMCare Member ID

NRIC No.
Relationship
Program Type
Benefit Plan

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for this outpatient visit expenses incurred for abovenamed patient **NOT EXCEEDING** the following limits stated in Item No. 2
2. The abovenamed patient is entitled to (RM) 849.55 (Initial Limit)
3. Diagnosis (Provisional or Primary)

INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS: .

Important notes: 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.

4. Kindly note that:
 - a. Expense entitlement is only for or directly related to medical condition referred to the Diagnosis as per above Item No. 3.
 - 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.
 - c. Payment of claim is subject to timely submission of complete documents, i.e. within thirty (30) days from date of service.
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:
 - a. Treatment by acupuncturist, homeopathy and traditional medicine practitioner
 - b. Contraceptive treatment such as taking family planning pills, IUD, sterilization
 - c. Treatment of cosmetic nature
 - d. Infertility treatment
 - e. Abortion and venereal disease treatment
 - f. Aids for correction of eyesight and hearing
 - g. Treatment arising from intentional or self-inflicted injuriesFor complete listing, please refer to the Working Guidelines.

Yours faithfully,

For and on behalf of
PMCare Sdn Bhd

This is an auto generated document.
No signature is required

PM CARE SDN BHD (458443-P)

No. 1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
Careline: 1-300-88-6868 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my

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

CRD :
GL Serial No. : 20020123522313 ✓
Previous GL Serial No. : 20020123522313
Date / Time of Issuance : 01/02/2020 23:52:23.715
Attention : MEDICAL OFFICER ✓
To : GLENEAGLES HOSPITAL KUALA LUMPUR

Sp/Hosp. Fax No. : 0342575933
Other Fax No. : 0341413000
By Hand/Courier/Mail :
Visit Type : FIRST VISIT
Service Type : CONSULTATION
Appointment Date : 01/02/2020

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

- i) To be utilized until 14/02/2020
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 Patient:	NRIC No.:

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for outpatient visit / admission expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.

2. The abovenamed patient is entitled to:

A total limit of not more than	RM 500.00 INITIAL LIMIT
A daily Room & Board charges inclusive of Meals of not more than	RM200.00
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

kindly upload
top up amount
RM849.55

3. Diagnosis

INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS

Important note: 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.

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.
5. 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.
6. Please attach the completed form MM201 (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 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. :

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

**FORM MM201 (Part II)**

GL Serial No. : 20020123522313

GL Issued To : GLENEAGLES HOSPITAL KUALA LUMPUR

Visit Type : FIRST VISIT

Service Type : CONSULTATION

Appointment Date : 01/02/2020

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PRO

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)

INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS

SPECIALIST CONSULTANT OR ADMISSION NOTES**Provisional Diagnosis****Final Diagnosis**

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

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

Medical Facility Stamp

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

PMCCARE 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@pmccare.com.my

PMCare
CONSENT FORMNOTIFICATION
(Please)

Consultation

PM Care cardholder only

Patient's

Name of Pa

Membership

Name of Br

Membership

I, the above

(Please sign)

Name:

Date:

SPECIALIST CONSULTATION OR ADMISSION NOTES

(Please ✓ one)

Date of Consultation

01/02/2020

Outpatient Visit

Admission

Working diagnosis

Influenza A

Since when condition
deemed to have started

1 day

Procedure(s) if any

Bronchus + sub.

Please indicate
illness ✓☐ Pregnancy related
☐ Infertility related
☐ Congenital☐ Self inflicted
☐ Cosmetic
☐ Work related☐ Chronic disease / disorder
☐ Psychiatric disorder
☐ Non-specific (Investigation)

Please indicate ✓ If patient needs to be cross referred

☐ Yes☒ NoIf Yes, please give
reasons

Signature of Attending Specialist:

Name of Attending Specialist:

Date:

01/02/2020

Remarks (For PMCare use only)

DR. MOHD FIKRY
MMC No. 65358GLENEAGLES HOSPITAL KUALA LUMPUR
A branch of Pantai Medical Centre Sdn Bhd (73056-D)
Medical Provider rubber stamp
BLOCK A & B, No. 282 & 286 JALAN AMPANG
50450 KUALA LUMPUR
TEL: 03-4141 3007 FAX: 03-4141 3011

NOTES:

1. A PHOTOCOPY OR FAX COPY OF THIS CONSENT FORM SHALL BE VALID AS ORIGINAL.
2. KINDLY SUBMIT THIS CONSENT FORM TOGETHER WITH THE ITEMISED BILLING TO THE CLAIMS DEPARTMENT OF PMCARE SDN BHD.

PMCare SDN BHD (458443-P)

No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6988 General Fax: 03-8023 9999
www.pmcare4u.com.my