

COLUMBIA ASIA SDN.BHD.(388359-P)
COLUMBIA ASIA HOSPITAL CHERAS
Wholly Owned By COLUMBIA ASIA SDN BHD
LOT 33107
JALAN SUAKASIH

CHERAS 43200
SELANGOR

Tel No : 03-90869999 Fax No : 03-90869926

exceed limit
btl back

2019102316141483.

INVOICE

Debtor Name : PMCARE SDN BHD

Ref. No :

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

Bill No. : OPC-145036

Bill Date/Time : 07/10/2019 05:19:29 PM

Cashier Name : MOHDSOFIAN.I

GL No.: 19100715415274

Co.Guarantor:

Debtor Code : PMCARE

Credit Term : 60 Day(s)

Patient Name:

Admit/Visit Date/Time : 07/10/2019 03:03:57 PM

Charge Date/Time :

Adm/Rm/Bed/Type :

Charge Type : OutPatient

Patient Address:

IC No.:

MRN: CHRS-0000146689 V0000000001-CHRS

Admitting /Primary : VIJAYA MOHAN A/L R.RASATHURAI
Doctor

Description	Amount (RM)	Disc Amt (RM)	Tax Code	Tax Amt (RM)	Payable Amt (RM)	Total (RM)
HOSPITAL CHARGES						
ADMIN CHARGES	10.00	0.00		0.00	10.00	
					10.00	
MEDICAL SUPPLIES	1.25	0.00		0.00	1.25	
					1.25	
PHARMACY	51.27	0.00		0.00	51.27	
					51.27	
DOCTOR CHARGES						
SPECIALIST CONSULTATION						
Doctor Name : VIJAYA MOHAN A/L R.RASATHURAI					235.00	
					235.00	



[Signature]

	Total Amount (RM) :	297.52
	Total Discounted (RM) :	0.00
	Total Tax Amount (RM) :	0.00
	Total Payable Amount(RM) :	297.52
	Rounded Off Value (RM) :	297.50
	Doc. Amount	Allocated Amount
LESS Total Credit Note (RM) :		0.00
		297.50
ADD Total Debit note (RM) :		0.00
		297.50
LESS Payment (RM) :		0.00
Balance Payable / (Refundable) (RM) :		297.50

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

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

CRD :
GL Serial No. : 19100715415274
Previous GL Serial No. : 19100715415274
Date / Time of Issuance : 07/10/2019 15:51:04.143
Attention : DR VIJAYA MOHAN.
To : COLUMBIA ASIA HOSPITAL CHERAS ✓

Sp/Hosp. Fax No. : 0390869888
Other Fax No. : 0390869999
By Hand/Courier/Mail :
Visit Type : FIRST VISIT
Service Type : CONSULTATION
Appointment Date : 07/10/2019

GUARANTEE LETTER ("GL")**GL Validity Period:****i) To be utilized until 31/10/2019**

ly.

	NRIC No.:
	170414140276
	Relationship:
	CHILDREN
✓	Program Type:
	TPA
	Benefit Plan: ST3A GP,SP,DT,OC&MT_3.5KALF,HP(R&B150)_100K

to make payment for Outpatient visit expenses incurred for abovenamed patient NOT

2. The abovenamed patient is entitled to (RM) RM500.00 INITIAL LIMIT

3. Diagnosis (Provisional or Primary)

DIARRHEA, UNSPECIFIED ; REFER LETTER

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. :

Dyan
NURDANI HAMSIAH
810720-12-5034

146689



FORM MM201 (Part II)

GL Serial No. : 19100715415274
GL Issued To : COLUMBIA ASIA HOSPITAL CHERAS

Visit Type : FIRST VISIT
Service Type : CONSULTATION
Appointment Date : 07/10/2019

NRIC:
170414140276
Benefit Plan: ST3A
GP,SP,DT,OC&MT_3.5KALF,HP(R&B150)_100K

THE FOLLOWING ARE THE REASONS FOR 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)

DIARRHEA, UNSPECIFIED ; REFER LETTER

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

ACUTE GASTROENTERITIS

Final Diagnosis

ACUTE GASTROENTERITIS

ICD10 coding, if available

Since when condition deemed to have started

1/52

Major Procedure(s) - if any

HIL

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

DR. VIJAYA MOHAN R. RASATHURAI
MBBS (INDIA), MRCPCH (UK)
(MMC FULL REGISTRATION NO : 32441)
(NSR REGISTRATION NO : 130517)
RESIDENT CONSULTANT PEDIATRICIAN
COLUMBIA ASIA HOSPITAL CHERAS

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

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