

COLUMBIA ASIA SDN. BHD.(388359-P)
COLUMBIA ASIA HOSPITAL BUKIT RIMAU
Wholly Owned By COLUMBIA ASIA SDN BHD
NO. 3, PERSIARAN ANGGERIK ERIA,
BUKIT RIMAU,
SEKSYEN 32,
SHAH ALAM 40460
SELANGOR
GST ID No :001965957120
Tel No : 03-51259999 Fax No : 03-51259998

TAX INVOICE

Debtor Name : PMCARE SDN BHD
GST ID No. : 000149835776

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

Bill No. : OPC-114567

Bill Date/Time : 05/11/2019 09:43:04 PM

Cashier Name : HAZAWANI.H

Debtor Code : P0002

Credit Term : 60 Day(s)

Admit/Visit Date/Time : 05/11/2019 09:00:07 PM

Discharge Date/Time :

Ward/Rm/Bed/Type :

Charge Type : OutPatient

GL No. :

Co.Guarantor :

Patient Name :

Patient Address :

IC No.:

MRN:

Admitting /Primary Doctor : MOHD KHIR BIN ABDUL SHUKOR

Description	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Total
HOSPITAL CHARGES						
ADMIN CHARGES	5.00	0.00		0.00	5.00	5.00
NURSING	15.75	0.00		0.00	15.75	15.75
PHARMACY	61.55	0.00		0.00	61.55	61.55
NON INDEPENDENT DOCTOR CHARGES						
MO CONSULTATION	50.00	0.00		0.00	50.00	50.00
Doctor Name : MOHD KHIR BIN ABDUL SHUKOR						



Total Amount :	132.30
Total Discounted	0.00
Total GST @ 6% Amount:	0.00
Total Payable Amount :	132.30
Rounded Off Value :	132.30
Doc. Amount	Allocated Amount
LESS Total Credit Note :	0.00
	132.30

ADD Total Debit note :

0.00

132.30

LESS Payment :

0.00

Balance Payable / (Refundable) :

132.30

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

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

CRD :
GL Serial No. : 19110521072763
Previous GL Serial No. : 19110521072763
Date / Time of Issuance : 05/11/2019 21:7:27.961
Attention : MEDICAL OFFICER
To : COLUMBIA ASIA HOSPITAL - BUKIT RIMAU

Sp/Hosp. Fax No. : 0351259998
Other Fax No. : 0351259999
By Hand/Courier/Mail :
Visit Type : FIRST VISIT
Service Type : CONSULTATION
Appointment Date : 05/11/2019

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

NRIC No.:
810611035427
Relationship:
EMPLOYEE
Program Type:
TPA
Benefit Plan: UMW AISB5_Y19
GP, SP, HP (R&B100_15K)

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

2. The abovenamed patient is entitled to (RM) AS CHARGED

3. Diagnosis (Provisional or Primary)

DISORDER OF LIGAMENT

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. :

Arif
MOHD. ARIFF B. MOHD. NOR
810611-03-5427

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@pmcare.com.my

FORM MM201 (Part II)



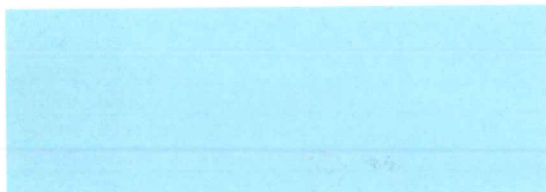
GL Serial No. : 19110521072763

GL Issued To : COLUMBIA ASIA HOSPITAL - BUKIT RIMAS

Visit Type : FIRST VISIT

Service Type : CONSULTATION

Appointment Date : 05/11/2019



NRIC:
810611035427

Benefit Plan: UMWAISB5_Y19
GP,SP,HP(R&B100_15K)

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)

DISORDER OF LIGAMENT

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Final Diagnosis

① Knee ~~burnt~~ burn

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)

Dr. Saiful (ortho)

☐ N/A = Applicable

☐ FU = Follow Up

☐ FV = First Visit

Signature of Attending Specialist

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

Dr. P. Nklyanantam
MBBS (Mal), LFOM (Ireland)
MMC Reg. No. 56536
Chief Medical Officer
Occupational Health Doctor
HQ/19/DOC/000514
Seafarers Medical Examiner PP392
Columbia Asia Hospital - Bukit Rimas

PM CARE SDN BHD (458443-P)

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