# COLUMBIA ASIA SDN BHD - PETALING JAYA

LOT 69, JALAN 13/9, SEKSYEN 13, 46200 FETALING JAYA, SELANGOR

COPPORATE / IN	SURANCE: PM CORE		
RE : REQUEST F	OR INPATIENT VITIAL GUARANTEE LETTER OP UP GUARANTEE LETTER EFFERMENT ADVICE QUERIES INAL GUARANTEE LETTER		POLICY / GL NO:
DATE	: 23/9/18		
AT: COLU	JMBIA ASIA HOSPITAL - PE	TALING J	AYA
We would apprec	late If you could fax us the guarantee	letter to	03-7949 9997 03-7949 9994
ATTACHMENT:	Copy of IC / Passport Copy of Medical / Insurance Card Hospital Admission Form Insurance Form Tax Invoice Reports Referral Letter Others		
TOTAL PAGES	•		
Thank you. Your sincerely,			



COLUMBIA ASIA SDN. BHD.(388359-P)
COLUMBIA ASIA HOSPITAL PETALING JAYA
Wholly Owned By COLUMBIA ASIA SDN BHD
LOT 69
JALAN 13/6
SEKSYEN 13
BANDAR PETALING JAYA 46200
SELANGOR

GST ID No :001965957120

Co.Guarantor:

Tel No: 603-79499999

Fax No: 603-79499998

TAX INVOICE

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

GL No.: 18012017194954

Debtor Address: NO1, JALAN USJ 21/10, UEP SUBANG JAYA, , ,

SELANGOR, 47630, SELANGOR, MALAYSIA

Bill No. : IPC-4244
Bill Date/Time : 23/01/2018 10:53:21 AM

Cashier Name : FAZDLY.M

Debtor Code : P001T

Credit Term: 60 Day(s)

Admit/Visit Date/Time: 20/01/2018 03:04:00 PM

Discharge Date/Time: 23/

23/01/2018 10:04:00 AM

Ward/Rm/Bed/Type :

MULTIDISCIPLINE

1/61/1B/61

Charge Type: InPatient

E

Printed By: FAZDLY.M

Admitting / Primary : ANDY EASWAREN VASUDEVAN

	Description	Amount	Disc Amt	Tax Code	Tax Amt	Payable Tota Amt
HOSPITAL CHARGES	ADMIN CHARGES					
	ADMIN CHANGES	6.00	0.00		0.36	6.36
						6.36
	EQUIPMENT CHARGES	1,106.30	0.00		0.00	1,106.30
						1,106.30
	HOME CARE	40.00	0.00		0.00	40.00
						40.00
	LABORATORY	1,703.50	0.00		0.00	1,703.50
						1,703.50
	MEDICAL SUPPLIES	1,148.45	0.00		0.00	1,148.45
						1,148.45
	MULTIPLE USE	118.50	0.00		0.00	118.50
						118.50
	MISCELLANEOUS	231.00	0.00		0.00	231.00
						231.00



	NURSING				
		972.40	0.00	0.00	972.40
					972.40
	OR UTILISATION &			•••	
	RECOVERY	115.50	0.00	0.00	115.50
				_	115.50
	PHARMACY	2,198.84	0.00	0.00	2,198.84
					2,198.84
	ROOM CHARGES	790.00	0.00	0.00	790.00
				<del></del>	790.00
NON INDEPEND	ENT DOCTOR CHARGES  MO CONSULTATION			_	
Doctor Name :	CHEAH OOI JOON	40.00	0.00	0.00	40.00
					40.00
DOCTOR CHARG	GES (COLLECTION ON BEHALF - DISBU	JRSEMENT) - GST Ind	clusive for GS	T Registered Doo	ctor
Doctor Name :	SPECIALIST CONSULTATION ANDY EASWAREN VASUDEVAN (GST ID 000647131136)	No:			1,062.12
	0000171311307			-	1,062.12
5 . N	SURGICAL FEE	. No.			1,572.25
Doctor Name :	ANDY EASWAREN VASUDEVAN (GST ID 000647131136)	NO:		-	1,372.23
				•	1,572.25
				Total Amount:	11,445.49
			Tot	al Discounted:	489.75
				@ 6% Amount:	149.48
				yable Amount :	11,105.22
			*	ded Off Value:	11,105.20
			Doc. At	nount	Allocated Amount
		LESS Total Credit No	te:		0.00
					11,105.20
		ADD Total Debit no	te :	_	0.00
					11,105.20
		LESS Paymer	nt:		0.00
	Balance	Payable / (Refundal			11,105.20
		* · · · · · · · · · · · · · · · · · · ·	•	•	,

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



COLUMBIA ASIA SDN. BHD.(388359-P) COLUMBIA ASIA HOSPITAL PETALING JAYA Wholly Owned By COLUMBIA ASIA SDN BHD LOT 69 **JALAN 13/6** SEKSYEN 13 BANDAR PETALING JAYA 46200

SELANGOR

GST ID No: 001965957120

Co.Guarantor:

Tel No: 603-79499999 Fax No: 603-79499998

#### **TAX INVOICE**

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

Debtor Address: NO1, JALAN USJ 21/10, UEP SUBANG JAYA,

, , SELANGOR, 47630, SELANGOR, MALAYSIA

GL No.: 18012017194954

Bill No.: IPC-4244

Bill Date/Time: 23/01/2018 10:53:21AM Cashier Name: FAZDLY.M

Debtor Code: P001T

Credit Term: 60 Day(s)

**Admit/Visit Date/Time:** 20/01/2018 03:04:00PM scharge Date/Time: 23/01/2018 10:04:00AM /ard/Rm/Bed/Type: MULTIDISCIPLINE 1/61/1B/61

Charge Type: InPatient

Adm

Doctor	Description	Qty	Amount	Disc Amt	Tax Code	Tax Amt	Payable Amt	Tot
SPITAL CHARGES								
ADMIN CHARGES								
20/01/2018								
	ADMIN CHARGES -	1.00	6.00	0.00	SR6	0.36	6.36	
	REGISTRATION FEE							6.3
EQUIPMENT CHARGES								0.3
•								
20/01/2018	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
21/01/2018	111 051011 1 01 11							
21/01/2010	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
22/01/2018								
,,	ENDOSCOPY MACHINE (OGDS	1.00	543.95	0.00	ES0	0.00	543.95	
	& COLONOSCOPY) INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
	5 CHANNELS MONITOR UP TO 4 HOURS	1.00	60.95	0.00	ES0	0.00	60.95	
	ELECTROSURGICAL UNIT	1.00	139.15	0.00	ES0	0.00	139.15	
23/01/2018								
•	3 CHANNEL MONITOR DAILY	1.00	72.45	0.00	ES0	0.00	72.45	
	INFUSION PUMP	1.00	48.30	0.00	ES0	0.00	48.30	
							1,1	.06.3
HOME CARE								
22/01/2018	ACC MEDICAL CURRITES	1.00	40.00	0.00	ES0	0.00	40.00	
	ASC MEDICAL SUPPLIES	1.00	40.00	0.00	LOU	0.00		40.5
								40.0

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#### LABORATORY

20/01/2018							
	FULL BLOOD COUNT (FBC)	1.00	51.00	0.00	ES0	0.00	51.00
	MYCOPLASMA PNEUMONIAE	1.00	230.00	0.00	ES0	0.00	230.00
	IGM BLOOD CULTURE	1.00	154.00	0.00	ES0	0.00	154.00
	STOOL FOR OCCULT BLOOD	1.00	40.00	0.00	ES0	0.00	40.00
	STOOL FOR ROTAVIRUS	1.00	104.00	0.00	ES0	0.00	104.00
	DENGUE FEVER DIAGNOSIS	1.00	170.00	0.00	ES0	0.00	170.00
	LIVER FUNCTION TEST	1.00	59.50	0.00	ES0	0.00	59.50
	RENAL PANEL 2	1.00	64.60	0.00	ES0	0.00	64.60
	LAB AFTER OFFICE	1.00	42.00	0.00	ES0	0.00	42.00
	SURCHARGE	1.00	12.00	0.00			
	LAB AFTER OFFICE	1.00	42.00	0.00	ES0	0.00	42.00
	SURCHARGE						
/01/2018							22.42
	ANAEMIA & THALASSAEMIA	1.00	224.40	0.00	ES0	0.00	224.40
	STUDIES	1.00	42.00	0.00	ES0	0.00	42.00
	LAB AFTER OFFICE SURCHARGE	1.00	42.00	0.00	250	0.00	42.00
/01/2019	SURCHARGE						
/01/2018	GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00
	GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00
	GENERAL BIOPSY (SINGLE)	1.00	160.00	0.00	ES0	0.00	160.00
	SEITER DIOI ST (SINGLE)	1100	20000	3.00			1,703.50
DICAL SUPPLIES						_	2,700.0
0/01/2018	THERMOMETER - DIGITAL	1.00	35.38	0.00	ES0	0.00	35.38
	THERMOVAL STANDARD						
	IV CANNULA - VENOFIX 23G	1.00	4.20	0.00	ES0	0.00	4.20
	IV CANNULA - VASOFIX SAFETY	1.00	10.37	0.00	ES0	0.00	10.37
	20 <b>G</b>				FC0	0.00	10.01
	IV GIVING SET - INTRAFIX	1.00	18.91	0.00	ES0	0.00	18.91
	SAFESET WITH INJ SITE &						
01/2018	SAFEFLOW VALVE (4063004)						
1/2010	IV GIVING SET - INTRAFIX	1.00	18.91	0.00	ES0	0.00	18.91
	SAFESET WITH INJ SITE &						
	SAFEFLOW VALVE (4063004)						
	IV GIVING SET - INTRAFIX	1.00	18.91	0.00	ES0	0.00	18.91
	SAFESET WITH INJ SITE &						
	SAFEFLOW VALVE (4063004)	1 00	18.91	0.00	ES0	0.00	18.91
	IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE &	1.00	10.91	0.00		0.00	10.71
	SAFEFLOW VALVE (4063004)						
	DRESSING - TEGADERM IV	1.00	6.75	0.00	ES0	0.00	6.75
	ADVANCED 6.5 X 7CM (1683)					o o -	
	COTTON BALL STERILE - PER	1.00	2.37	0.00	ES0	0.00	2.37
(04 /2040	PACK OF 10'S						
/01/2018	DRONTO DRY	1.00	46.66	0.00	ES0	0.00	46.66
	PRONTO DRY	2.00	46.66 5.84	0.00	ES0	0.00	5.84
	UNDERPAD SIZE 30" X 30"	4.00	13.88	0.00	ES0	0.00	13.88
	COMPRESSED TOWEL	1.00	9.15	0.00	ES0	0.00	9.15
	IV CONNECTOR - CARESITE LUER ACCESS DEVICE (415122)	1.00	9.10	0.00	_50	0.00	2.13
	IV GIVING SET - INTRAFIX	1.00	18.91	0.00	ES0	0.00	18.91
	SAFESET WITH INJ SITE &	-					
	SAFEFLOW VALVE (4063004)						,
	IV GIVING SET - INTRAFIX	1.00	18.91	0.00	ES0	0.00	18.91
	SAFESET WITH INJ SITE &						
	SAFEFLOW VALVE (4063004) DVD	1.00	8.08	0.00	ES0	0.00	8.08
		1.00	71.55	0.00	ES0	0.00	71.55
	DIATHERMY PLATE DISPOSABLE (TE7507)	1.00	11.33	0.00		5.00	, 1,00
	SUCTION POLYP TRAP	1.00	271.16	0.00	ES0	0.00	271.16
	OLYMPUS (MH-14)	<del>-</del>					
		1.00	285.69	0.00	ES0	0.00	285.69
	POLYPECTOMY OVAL SNARE	1.00	203.03	0.00		0.00	
	POLYPECTOMY OVAL SNARE 10MM REUSABLE OLYMPUS (SD-240U-10)	1.00	203.03	0.00		0.00	

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	BIOPSY FORCEPS GASTRO W/O SPIKE 2.3MM X 160CM	1.00	68.62	0.00	ES0	0.00	68.62
	(NBF03-11023160) BIOPSY FORCEPS COLONO WITH SPIKE 2.3MM X 230CM	1.00	86.29	0.00	ES0	0.00	86.29
	(NBF03-11123230) GOWN - ISOLATION PE	2.00	18.48	0.00	ES0	0.00	18.48
	COATED 42GM DISPOSABLE DOUBLE ENDED CLEANING BRUSH DIA. 2.0 -	1.00	29.13	0.00	ES0	0.00	29.13
	4.2MM [WS-1523WA(P)/DH] SYRINGE - SLIP TIP 50ML	1.00	6.02	0.00	ES0	0.00	6.02
	SYRINGE - SLIP TIP JOHL SYRINGE - LUER LOCK 50ML	1.00	6.75	0.00	ES0	0.00	6.75
	TUBE - SUCTION CONNECTING 3M	1.00	9.58	0.00	ES0	0.00	9.58
	TUBE - SUCTION LINER 1.5L WITH VACGARD	1.00	20.13	0.00	ES0	0.00	20.13
23/01/2018	THE OTHER DESTRUCTION AND A STATE OF THE OTHER D	1.00	10.01	0.00	ES0	0.00	18.91
	IV GIVING SET - INTRAFIX SAFESET WITH INJ SITE & SAFEFLOW VALVE (4063004)	1.00	18.91	0.00	E30	0.00	10.91
						_	1,148.45
MULTIPLE USE							
20/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
21/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
22/01/2018	WARD MEDICAL SUPPLIES	1.00	25.00	0.00	ES0	0.00	25.00
	XYLOCAINE 10% SPRAY 50ML (LIGNOCAINE) - PER USE	4.00	40.00	0.00	ES0	0.00	40.00
	DENTINOX COLIC 21MG/2.5ML DROPS 100ML (SIMETHICONE) - PER USE UP TO 10ML	1.00	3.50	0.00	ES0	0.00	3.50
	- PER USE OF TO TOME						118.50
MISCELLANEOUS							
22/01/2018	DUADMACV OTHERS	1.00	21.00	0.00	ES0	0.00	21.00
	PHARMACY OTHERS [ PENTASA 1G SUPPOSITORY QTY 1 MRN 25531 NAME MUHD IZZAT HAZIQ ]	1.00	21.00	0.00		0,00	
23/01/2018	MARIE MONE TEEM TWEEZ						
	PHARMACY OTHERS [ PENTASA SUPP 1G QTY 10 SUPP	1.00	210.00	0.00	ES0	0.00	210.00
	MRN 25531 NAME MUHAMMAD IZZAT						
						-	231.00
NURSING	NAME MUHAMMAD IZZAT					-	231.00
NURSING 20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]	1.00	20 50	0.00	FSO	- - 0.00	
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION	1.00	38.50 60.50	0.00	ESO ESO	0.00 0.00	38.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY	1.00	60.50	0.00	ESO ESO ESO	0.00 0.00 0.00 0.00	38.50 60.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION				ES0	0.00	38.50 60.50 71.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY	1.00 1.00	60.50 71.50 27.50	0.00 0.00	ES0 ES0	0.00 0.00 0.00	38.50 60.50 71.50 27.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION	1.00 1.00 1.00 1.00	60.50 71.50 27.50 16.50	0.00 0.00 0.00 0.00	ES0 ES0 ES0	0.00 0.00 0.00 0.00	38.50 60.50 71.50 27.50 16.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE	1.00 1.00	60.50 71.50 27.50	0.00 0.00	ES0 ES0	0.00 0.00 0.00	38.50 60.50 71.50 27.50
	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)	1.00 1.00 1.00 1.00 1.00	60.50 71.50 27.50 16.50 44.00	0.00 0.00 0.00 0.00 0.00	ESO ESO ESO ESO	0.00 0.00 0.00 0.00 0.00	38.50 60.50 71.50 27.50 16.50 44.00
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY	1.00 1.00 1.00 1.00 1.00	60.50 71.50 27.50 16.50 44.00	0.00 0.00 0.00 0.00 0.00	ESO ESO ESO ESO ESO	0.00 0.00 0.00 0.00 0.00	38.50 60.50 71.50 27.50 16.50 44.00
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING	1.00 1.00 1.00 1.00 1.00 1.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20	0.00 0.00 0.00 0.00 0.00 0.00	ES0 ES0 ES0 ES0 ES0 ES0	0.00 0.00 0.00 0.00 0.00 0.00	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING NURSING OBSERVATION	1.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00	ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING NURSING OBSERVATION NURSING OBSERVATION	1.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 1.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ESO ESO ESO ESO ESO ESO ESO ESO	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING NURSING OBSERVATION NURSING OBSERVATION NURSING OBSERVATION NURSING PROCEDURE	1.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 1.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50 27.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50 27.50
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING NURSING OBSERVATION NURSING OBSERVATION	1.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 1.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ESO ESO ESO ESO ESO ESO ESO ESO	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50
20/01/2018	NAME MUHAMMAD IZZAT HAQIZ ]  IV LINE/CANNULATION NURSING CHARGES DAILY BARRIER / ISOLATION NURSING DAILY NURSING PROCEDURE ER OBSERVATION ER YELLOW ZONE (ERY)  NURSING CHARGES DAILY BLOOD TAKING NURSING OBSERVATION NURSING OBSERVATION NURSING OBSERVATION NURSING PROCEDURE	1.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 1.00	60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50 27.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0 ES0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38.50 60.50 71.50 27.50 16.50 44.00 60.50 13.20 49.50 16.50 27.50

	1	- Aller	Total Control	TA	/	BI	Α	A	5	ſΑ	
1	18	1	. (	111	/ [	1)1	/3	/ \	. )	$\Gamma \cap$	

JLUMDIAM	SIA						
	NURSING OBSERVATION NURSING OBSERVATION NURSING PROCEDURE NURSING PROCEDURE NURSE ASSIST DOCTOR IN PROCEDURE COMPLEX	2.00 3.00 3.00 2.00 1.00	33.00 49.50 82.50 55.00 40.70	0.00 0.00 0.00 0.00 0.00	ESO ESO ESO ESO	0.00 0.00 0.00 0.00 0.00	33.00 49.50 82.50 55.00 40.70
23/01/2018	BARRIER / ISOLATION	1.00	71.50	0.00	ES0	0.00	71.50
	NURSING DAILY			0.00	ES0	0.00	16.50
	NURSING OBSERVATION NURSING PROCEDURE	1.00 1.00	16.50 27.50	0.00	ES0	0.00	27.50
OR UTILISATION & RE	COVERY					-	972.40
22/01/2018	AMBULATORY SCOPE ROOM	1.00	115.50	0.00	ES0	0.00	115.50
PHARMACY							115.50
20/01/2018							
	HIDRASEC ADULT 100MG CAP (RACECADOTRIL)	6.00	44.46	0.00	ES0	0.00	44.46
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	1.00	12.25	0.00	ES0	0.00	12.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	5.00	61.25	0.00	ES0	0.00	61.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	1.00	12.25	0.00	ES0	0.00	12.25
	METOCLOPRAMIDE 10MG/2ML INJ (PULIN)	0.00	0.00	0.00	ES0	0.00	0.00
	METOCLOPRAMIDE 10MG/2ML	(1.00)	12.25	0.00	ES0	0.00	(12.25)
	INJ (PULIN) NEXIUM 40MG INJ	1.00	98.32	0.00	ES0	0.00	98.32
	(ESOMEPRAZOLE) NEXIUM 40MG INJ	4.00	393.28	0.00	ES0	0.00	393.28
	(ESOMEPRAZOLE) NEXIUM 40MG INJ	(1.00)	98.32	0.00	ES0	0.00	(98.32)
	(ESOMEPRAZOLE) HYOSCINE 20MG/ML INJ	5.00	61.25	0.00	ES0	0.00	61.25
	(COPAN) HYOSCINE 20MG/ML INJ	1.00	12.25	0.00	ES0	0.00	12.25
	(COPAN) HYOSCINE 20MG/ML INJ	4.00	49.00	0.00	ES0	0.00	49.00
	(COPAN) HYOSCINE 20MG/ML INJ	2.00	24.50	0.00	ES0	0.00	24.50
	(COPAN) HYOSCINE 20MG/ML INJ	0.00	0.00	0.00	ES0	0.00	0.00
	(COPAN) HYOSCINE 20MG/ML INJ	(4.00)	49.00	0.00	ES0	0.00	(49.00)
	(COPAN)			0.00	ES0	0.00	(24.50)
	HYOSCINE 20MG/ML INJ (COPAN)	(2.00)	24.50				
	HYOSCINE 20MG/ML INJ (COPAN)	(5.00)	61.25	0.00	ES0	0.00	(61.25)
	PANADOL 500MG TAB (PARACETAMOL)	10.00	5.80	0.00	ES0	0.00	5.80
	PANADOL 500MG TAB (PARACETAMOL)	2.00	1.16	0.00	ES0	0.00	1.16
	PANADOL 500MG TAB (PARACETAMOL)	(8.00)	4.64	0.00	ES0	0.00	(4.64)
	PANADOL 500MG TAB (PARACETAMOL)	(2.00)	1.16	0.00	ES0	0.00	(1.16)
	ZITHROMAX 250MG TAB (AZITHROMYCIN)	6.00	67.86	0.00	ES0	0.00	67.86
	ZITHROMAX 250MG TAB	(2.00)	22.62	0.00	ES0	0.00	(22.62)
	(AZITHROMYCIN) ROCEPHIN 1GM IV INJ	8.00	1,056.80	0.00	ES0	0.00	1,056.80
	(CEFTRIAXONE) ROCEPHIN 1GM IV INJ	(1.00)	132.10	0.00	ES0	0.00	(132.10)
	(CEFTRIAXONE) ORAL REHYDRATION SALTS	6.00	4.74	0.00	ES0	0.00	4.74
	(ORS) SACHET 5GM - ORANGE NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02
and Duri FAZDI V M	NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02 Page 4 of 6

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FLEET REMA 133ML   1.00   13.41   0.00   ESD   0.00   13.41   1.01   13.41   1.00   ESD   0.00   13.41   1.03   13.41   1.00   ESD   0.00   0.00   13.41   1.00   1.00   1.00   ESD   0.00   0.00   1.00   1.00   1.00   1.00   ESD   0.00   1.00   1.00   1.00   1.00   ESD   0.00   1.00   1.00   ESD   0.00   1.00   ESD   0.00   1.00   ESD   0.00	21/01/2018							
FLEFT FINEMA 3.13ML							0.00	30.44
NORPHAL SALINE 0.9% IN)   3.00   42.06   0.00   ESO   0.00   42.06   1.00   1								
IDOM:   NORMAL SALINE 0.9% 500ML   1.00   14.02   0.00   E50   0.00   14.02								
NORNAL SALINE 0.9% 500ML   1.00   14.02   0.00   E50   0.00   42.06   1.02			3.00	42.00	0.00	250	0.00	12.00
NORMAL SALINE 0.9% SOOML   1.00			3.00	42.06	0.00	ES0	0.00	42.06
NEXTUM 40NG TAB		NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0		
NEXUM A0NG TAB		NORMAL SALINE 0.9% 500ML	1.00	14.02	0.00	ES0	0.00	14.02
CESOMEPRAZOLE)	22/01/2018					F60	0.00	42.20
NEXIUM 40NG TAB   3,00   32.46   0.00   ESO   0.00   (32.46)			4.00	43.28	0.00	ESU	0.00	43.28
CESOMEPRAZOLE    PROCTOSEPY SUPP   S.00   18.05   0.00   FS0   0.00   18.05   0.00   38.07   0.00		•	(3.00)	32.46	0.00	ES0	0.00	(32.46)
DORMICUM SMK/SML INJ   1.00			(0.00)					
(MIDAZOLAM) PETHIDINE SOMG/MI. INJ (QUOPHABMA) - NEW ZITHROMAX SOMG TAB (AZTHROMYCIN) CO-PHENYLCIANE SHORT NOZZLE NORMAL SALINE 0.9% INJ 100ML NORMAL SALINE 0.9% SOMML ALCOHOL 70% SOLUTION - 20.00 ALCOHOL 70% SOLUTION -								
PETHIDINE SOMG/ML INJ   1.00   20.25   0.00   E50   0.00   20.25		•	1.00	38.07	0.00	ESO	0.00	38.07
CDUOPHARMA) - NEW   ZITHROMAX 250MG TAB			1.00	20.25	0.00	ES0	0.00	20.25
AZTHROMYCIN)   CO-PHENYLCAINE SHORT   1.00   15.27   0.00   ESD   0.00   15.27			2.00					
CO-PHENYLCAINÉ SHORT   1.00   15.27   0.00   E50   0.00   15.27     NOZZIE   NORMAL SALINE 0.9% INJ   1.00   14.02   0.00   E50   0.00   42.06     NORMAL SALINE 0.9% INJ   3.00   42.06   0.00   E50   0.00   42.06     100ML   NORMAL SALINE 0.9% INJ   2.00   24.50   0.00   E50   0.00   24.50     100ML   NORMAL SALINE 0.9% INJ   1.00   12.25   0.00   E50   0.00   12.25     100ML   NORMAL SALINE 0.9% 500ML   3.00   42.06   0.00   E50   0.00   14.02     NORMAL SALINE 0.9% 500ML   3.00   42.06   0.00   E50   0.00   14.02     NORMAL SALINE 0.9% 500ML   1.00   14.02   0.00   E50   0.00   14.02     ALCOHOL 70% SOLUTION - 20.00   3.20   0.00   E50   0.00   14.02     ALCOHOL 70% SOLUTION - 20.00   3.20   0.00   E50   0.00   14.02     ALCOHOL 70% SOLUTION - 10.00   1.60   0.00   E50   0.00   1.60     PER ML		ZITHROMAX 250MG TAB	4.00	45.24	0.00	ES0	0.00	45.24
NOZZIE NORMAL SALINE 0.9% IND 1.00 14.02 0.00 ES0 0.00 14.02 10.0M. NORMAL SALINE 0.9% IND 3.00 42.06 0.00 ES0 0.00 42.06 10.0M. NORMAL SALINE 0.9% IND 1.00 12.00 24.50 0.00 ES0 0.00 24.50 10.0M. NORMAL SALINE 0.9% IND 1.00 12.25 0.00 ES0 0.00 24.50 10.0M. NORMAL SALINE 0.9% IND 1.00 12.25 0.00 ES0 0.00 12.25 10.0M. NORMAL SALINE 0.9% IND 1.00 12.25 0.00 ES0 0.00 42.06 WATER FOR IRRIGATION 1L 1.00 14.02 0.00 ES0 0.00 14.02 ALCOHOL 70% SOLUTION - 20.00 3.20 0.00 ES0 0.00 3.20 PER ML ALCOHOL 70% SOLUTION - 10.00 1.60 0.00 ES0 0.00 3.20 PER ML ALCOHOL 70% SOLUTION - PER ML ALCOHOL 70% SOLUTION - PER ML ALCOHOL 70% SOLUTION - 10.00 1.60 0.00 ES0 0.00 8.80 (SPASMOLIV) NEXILM 40MG TAB (SPASMOLIV) NEXILM 40MG TAB (SPASMOLIV) NEXILM 40MG TAB (SEOWERAZOLE) 2THROMAX 25MG TAB 4.00 45.24 0.00 ES0 0.00 97.38 (ES0MERAZOLE) 2THROMAX 25MG TAB 4.00 45.24 0.00 ES0 0.00 45.24 (AZTHROMYSCIN) 12ME 400MG TAB (CEFEXIME) 4.00 62.00 0.00 ES0 0.00 14.04 (D.00 ES0 0.00 14.04 0.00 ES0 0.00 14.04 0.00 ES0 0.00 14.04 0.00 ES0 0.00 120.00 ES0 0.00 ES0 0.00 120.00 ES0 0.00 ES0 0			1.00	15 27	0.00	FSO	0.00	15 27
NORMAL SALINE 0.9% INJ 1.00 14.02 0.00 ES0 0.00 14.02 100ML NORMAL SALINE 0.9% INJ 3.00 42.06 0.00 ES0 0.00 42.06 100ML NORMAL SALINE 0.9% INJ 2.00 24.50 0.00 ES0 0.00 24.50 100ML NORMAL SALINE 0.9% INJ 1.00 12.25 0.00 ES0 0.00 12.25 10ML NORMAL SALINE 0.9% INJ 1.00 12.25 0.00 ES0 0.00 42.06 NORMAL SALINE 0.9% INJ 1.00 14.02 0.00 ES0 0.00 42.06 NORMAL SALINE 0.9% 500ML 3.00 42.06 0.00 ES0 0.00 42.06 NORMAL SALINE 0.9% 500ML 3.00 42.06 0.00 ES0 0.00 14.02 ALCOHOL 70% SOLUTION 20.00 3.20 0.00 ES0 0.00 3.20 PER ML ALCOHOL 70% SOLUTION 10.00 1.60 0.00 ES0 0.00 14.02 ALCOHOL 70% SOLUTION PER ML 1.00 14.02 0.00 ES0 0.00 8.80 (SPASMOLLY) NEXTURA 40MG TAB (ESOMEPRAZOLE) (ESOME TAB 4.00 45.24 0.00 ES0 0.00 45.24 (AZITHROMYCIN) (ESOME TAB 4.00 62.00 0.00 ES0 0.00 120.00 ES0 0.00 120.00 ES0 0.00 120.00 ES0 0.00 30.00 USE (ESOMEPRAZOLE) (ESOMEPRA			1.00	13.27	0.00	230	0.00	13.27
NORMAL SALINE 0.9% INJ   3.00   42.06   0.00   E50   0.00   42.06   100ML   NORMAL SALINE 0.9% INJ   2.00   24.50   0.00   E50   0.00   24.50   10ML   NORMAL SALINE 0.9% INJ   1.00   12.25   0.00   E50   0.00   12.25   10ML   NORMAL SALINE 0.9% INJ   1.00   14.02   0.00   E50   0.00   42.06   WATER FOR IRRIGATION IL   1.00   14.02   0.00   E50   0.00   14.02   ALCOHOL 70% SOLUTION   20.00   3.20   0.00   E50   0.00   3.20   PER ML   ALCOHOL 70% SOLUTION   10.00   1.60   0.00   E50   0.00   3.20   PER ML   ALCOHOL 70% SOLUTION   10.00   8.80   0.00   E50   0.00   8.80   S.94			1.00	14.02	0.00	ES0	0.00	14.02
100ML   NORMAL SALINE 0.9% INJ   2.00   24.50   0.00   E50   0.00   24.50   100ML   NORMAL SALINE 0.9% INJ   1.00   12.25   0.00   E50   0.00   12.25   100ML   NORMAL SALINE 0.9% SOUNL   3.00   42.06   0.00   E50   0.00   42.06   0.00   E50   0.00   14.02   0.00   E50   0.00   14.03   0.00   14.04   0.00   E50   0.00   E50   0.00   14.04   0.00   E50   0.00						F.C.0	0.00	42.00
NORMAL SALINE 0.9% INJ   2.00   24.50   0.00   ES0   0.00   24.50   10ML   NORMAL SALINE 0.9% INJ   1.00   12.25   0.00   ES0   0.00   12.25   10ML   NORMAL SALINE 0.9% 500ML   3.00   42.06   0.00   ES0   0.00   42.06   0.00   MATER FOR IRRIGATION 1L   1.00   14.02   0.00   ES0   0.00   1.60   0.00   ES0   0.00   ES			3.00	42.06	0.00	ESU	0.00	42.06
10ML   NORMAL SALINE 0.9% INJ   1.00   12.25   0.00   ES0   0.00   12.25   10ML   NORMAL SALINE 0.9% 500ML   3.00   42.06   0.00   ES0   0.00   42.06   0.00   ES0   0.00   42.06   0.00   ES0   0.00   42.06   0.00   ES0   0.00   14.02   0.00   ES0   0.00   1.60   0.00   ES0   0.00   0.			2.00	24.50	0.00	ES0	0.00	24.50
TOME								
NORMAL SALINE 0.9% 500ML   3.00			1.00	12.25	0.00	ES0	0.00	12.25
WATER FOR IRRIGATION 1L   1.00			3 00	42.06	0.00	ES0	0.00	42.06
ALCOHOL 70% SOLUTION - 20.00 3.20 0.00 ES0 0.00 3.20   PER ML								
PER ML						ES0		
PER ML   P								
A			10.00	1.60	0.00	ES0	0.00	1.60
HYOSCINE 10MG TAB (SPASMOLIV) (SEGMEPRAZOLE) (ZITHROMYZIN) (AZITHROMYZIN) (AZITHROMYZIN) (IME 400MG TAB (CEFIXIME) 4.00 62.00 0.00 ESO 0.00 62.00 14.04 (AZITHROMYCIN) (IME 400MG TAB (CEFIXIME) 9.00 14.04 0.00 ESO 0.00 14.04 (AZITHROMYCIN) (MULTIVITAMIN + IRON)* (MULTIV	22/04/2010	PER ML						
SPASMOLIV  NEXILIM 40MG TAB   9.00   97.38   0.00   E50   0.00   97.38	23/01/2018	HYOSCINE 10MG TAB	10.00	8.80	0.00	ES0	0.00	8.80
NEXILIM 40MG TAB			10.00					
21THROMAX 250MG TAB		NEXIUM 40MG TAB	9.00	97.38	0.00	ES0	0.00	97.38
AZITHROMYCIN    IXIME 400MG TAB (CEFIXIME)   4.00   62.00   0.00   ESO   0.00   62.00   14.04       IBERET FOLIC TAB (MULTIVITAMIN + IRON)*   2,198.84     ROOM CHARGES   2 BED   1.00   120.00   0.00   ESO   0.00   120.00       ER RECOVERY ROOM - MINOR   1.00   30.00   0.00   ESO   0.00   120.00       USE   21/01/2018   ROOM CHARGES - SINGLE   1.00   195.00   0.00   ESO   0.00   195.00       22/01/2018   ROOM CHARGES - SINGLE   1.00   195.00   0.00   ESO   0.00   195.00       23/01/2018   ROOM CHARGES - SINGLE   1.00   195.00   0.00   ESO   0.00   195.00       23/01/2018   ROOM CHARGES - ISOLATION   1.00   250.00   0.00   ESO   0.00   250.00       23/01/2018   ROOM CHARGES - ISOLATION   1.00   250.00   0.00   ESO   0.00   2790.00     250.00   790.00   250.0			4.00	45 24	0.00	ES0	0.00	45.24
XIME 400MG TAB (CEFIXIME)			4.00	73.27	0.00		0.00	1012
IBERET FOLIC TAB (MULTIVITAMIN + IRON)*   9.00   14.04   0.00   E50   0.00   14.04			4.00	62.00	0.00	ES0	0.00	62.00
ROOM CHARGES   ROOM CHARGES - 2 BED   1.00   120.00   0.00   E50   0.00   120.00			9.00	14.04	0.00	ES0	0.00	14.04
## ROOM CHARGES  20/01/2018    ROOM CHARGES - 2 BED   1.00   120.00   0.00   E50   0.00   120.00   30.00   0.00   E50   0.00   195.00   0.00   E50   0.00		(MULTIVITAMIN + IRON)*					-	2 4 0 0 0 0
ROOM CHARGES - 2 BED   1.00   120.00   0.00   ES0   0.00   120.00   30.00   USE							•	2,198.84
ROOM CHARGES - 2 BED 1.00 120.00 0.00 ES0 0.00 120.00 30.00 USE  21/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 195.00 22/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 195.00 23/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 790.00 25	ROOM CHARGES							
ROOM CHARGES - 2 BED 1.00 120.00 0.00 ES0 0.00 120.00 30.00 USE  21/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 195.00 22/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 195.00 23/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00 790.00 25								
ER RECOVERY ROOM - MINOR USE  21/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00  22/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00  23/01/2018  ROOM CHARGES - ISOLATION 1.00 250.00 0.00 ES0 0.00 250.00  790.00  DININDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 4	20/01/2018		1.00	120.00	0.00	ESO	0.00	120.00
Note								
21/01/2018  ROOM CHARGES - SINGLE  1.00 195.00 0.00 ES0 0.00 195.00  22/01/2018  ROOM CHARGES - SINGLE  1.00 195.00 0.00 ES0 0.00 195.00  23/01/2018  ROOM CHARGES - ISOLATION  1.00 250.00 0.00 ES0 0.00 250.00  790.00  DIN INDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00  40.00  40.00			1.00	30.00	0.00	200	0.00	30.00
ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00  22/01/2018  ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00  ROOM CHARGES - ISOLATION 1.00 250.00 0.00 ES0 0.00 250.00  790.00  NINDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.	21/01/2018	001						
ROOM CHARGES - SINGLE 1.00 195.00 0.00 ES0 0.00 195.00  ROOM CHARGES - ISOLATION 1.00 250.00 0.00 ES0 0.00 250.00  790.00  NON INDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00  40.00  40.00	,,	ROOM CHARGES - SINGLE	1.00	195.00	0.00	ES0	0.00	195.00
23/01/2018  ROOM CHARGES - ISOLATION 1.00 250.00 0.00 ES0 0.00 250.00  790.00  NINDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00  40.00  40.00	22/01/2018							
ROOM CHARGES - ISOLATION 1.00 250.00 0.00 ES0 0.00 250.00  790.00  NINDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name: CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00  10PM)  40.00		ROOM CHARGES - SINGLE	1.00	195.00	0.00	ES0	0.00	195.00
790.00  ON INDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name: CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 40.00 10PM)  40.00	23/01/2018		4.00	250.00	0.00	ECO	0.00	250.00
DN INDEPENDENT DOCTOR CHARGES  MO CONSULTATION  Doctor Name: CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 40.00 10PM)  40.00		ROOM CHARGES - ISOLATION	1.00	250.00	0.00	250	0.00	
MO CONSULTATION  Doctor Name: CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 40.00 10PM)  40.00							-	790.00
Doctor Name : CHEAH OOI JOON  20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 40.00 10PM)  40.00		OR CHARGES						
20/01/2018  MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 10PM)  40.00		ALL COT 300N						
MO CONSULTATION (5PM - 1.00 40.00 0.00 ES0 0.00 40.00 10PM)		AN OUI JOUN						
10PM) 40.00	20/01/2018	MO CONSULTATION (SPM -	1.00	40.00	0.00	ES0	0.00	40.00
			2.50	. = . • •				
OCTOR CHARGES (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor		•						40.00
	OCTOR CHARGES (COLL	ECTION ON BEHALF - DISBURSEME	NT) - GST I	Inclusive fo	r GST Re	gistere	Doctor	

<u>DOCTOR CHARGES</u> (COLLECTION ON BEHALF - DISBURSEMENT) - GST Inclusive for GST Registered Doctor SPECIALIST CONSULTATION

Doctor Name :

ANDY EASWAREN VASUDEVAN (GST ID No: 000647131136)

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23/1/2018

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<u>JLUMBIA</u>	ASIA			
20/01/2018				
24 /04 /2040	CONSULT - COMPLEX NEW CASE AFTER CLINIC HOUR	1.00		373.12
21/01/2018	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00		166.95
	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00		166.95
22/01/2018	CONSULT - COMPLEX FOLLOW	1.00		111.30
	UP NORMAL HOUR CONSULT - MINOR PROCEDURE [ IV sedation ]	1.00		132.50
23/01/2018	CONSULT - COMPLEX FOLLOW	1.00		111.30
	UP NORMAL HOUR			1,062.12
SURGICAL FEE				
Doctor Name : 22/01/2018	ANDY EASWAREN VASUDEVAN (GST ID No	: 000647131136)		
,,	DIAGNOSTIC OESOPHAGO-GASTRO-DUODEN OSCOPY INCLUDING BIOPSY	1.00		364.91
	(G6500) COLONIC POLYPECTOMY (MMG4007)	1.00		1,207.34
	,			1,572.25
			Total Amount:	11,445.49
			Total Discounted:	489.75
			Total GST @ 6% Amount:	149.48
			Total Payable Amount:	11,105.22
			Rounded Off Value:	11,105.20
			Doc. Amount	Allocated Amount
	LESS	Total Credit Note:		0.00
				11,105.20
	ADI	O Total Debit note	<u></u>	0.00
			***************************************	11,105.20
		LESS Payment	: 	0.00
	Balance Payat	ole / (Refundable) :		11,105.20

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

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ANDY EASWAREN VASUDEVAN (GST ID No : 000647131136)

LOT 69 JALAN 13/6 SEKSYEN 13

BANDAR PETALING JAYA 46200

SELANGOR

Co.Guarantor:

Tel No: 603-79499999 Fax No: 603-79499998

### **TAX INVOICE**

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

GL No.: 18012017194954

Debtor Address: NO1, JALAN USJ 21/10, UEP SUBANG JAYA, ,

, SELANGOR, 47630, SELANGOR, MALAYSIA

Bill No. : ANDYEASWAREN.V/IPC-4244

**Bill Date/Time:** 23/01/2018 10:53:21AM

Cashier Name: FAZDLY.M
Debtor Code: P001T
Credit Term: 60 Day(s)

Admit/Visit Date/Time: 20/01/2018 03:04:00PM
Discharge Date/Time: 23/01/2018 10:04:00AM
Ward/Rm/Bed/Type: MULTIDISCIPLINE 1/61/1B/61

Charge Type: InPatient

	Description	Qt	y Amount	Disc Amt	Tax Code	Tax	Payable	Total
OCTOR CHARGES				Aint	Code	Amt	Amt	
SPECIALIST CO	ONSULTATION							
Doctor Name : <b>20/01/2018</b>	ANDY EASWAREN VASUDEVAN							
21/01/2018	CONSULT - COMPLEX NEW CASE AFTER CLINIC HOUR	1.00	352.00	0.00	DSR6	21.12	373.12	
	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	157.50	0.00	DSR6	9.45	166.95	
22/01/2018	CONSULT - COMPLEX FOLLOW UP AFTER CLINIC HOUR	1.00	157.50	0.00	DSR6	9.45	166.95	
, ,====	CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	105.00	0.00	DSR6	6.30	111.30	
23/01/2018	CONSULT - MINOR PROCEDURE [ IV sedation ]	1.00	353.00	228.00	DSR6	7.50	132.50	
,,	CONSULT - COMPLEX FOLLOW UP NORMAL HOUR	1.00	105.00	0.00	DSR6	6.30	111.30	
SURGICAL FEE								1,062.1
Doctor Name : <b>22/01/2018</b>	ANDY EASWAREN VASUDEVAN							
	DIAGNOSTIC OESOPHAGO-GASTRO-DUODENO SCOPY INCLUDING BIOPSY (G6500)	1.00	405.00	60.75	DSR6	20.66	364.91	
	COLONIC POLYPECTOMY (MMG4007)	1.00	1,340.00	201.00	DSR6	68.34	1,207.34	
								1,572.25

Total Amount:	2,975.00
Total Discounted:	489.75
Total GST @ 6% Amount:	149.12
Total Payable Amount:	2,634.37
Rounded Off Value:	2.634.40

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

Printed By : FAZDLY.M





### **BNM - EMPLOYEE**

#### FORM MM201 (Part 1)

**TRANSMISSION** 

CRD

GL Serial No.

Previous GL Serial No.

Date / Time of Issuance
Attention

: 18012017194954 : 20/01/2018 17:19:49.855

: 18012017194954

: DR.ANDY EASWARAN : COLUMBIA ASIA HOSPITAL PETALING JAYA Sp/Hosp. Fax No. Other Fax No.

By Hand/Courier/Mail Visit Type

Service Type
Appointment Date

: 0379499998

: 0379499999

: NOT APPLICABLE : ADMISSION : 20/01/2018

### **GUARANTEE LETTER ("GL")**

**GL Validity Period:** 

i) To be utilized until 02/02/2018

ii) For one (1) Outpatient visit or one (1) Inpatient admission not exceeding ten (10) days.

iii) For averagion of admission, a new Cl. must be obtained unon expine of ten (10) days validit

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	AS CHARGED
A daily Room & Board charges inclusive of Meals & Tax of not more than	200.00
Surgical fees of not more than	0.00
Anesthetic fees of not more than	0.00
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

INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED

Important notes:

- Medications, vitamins and supplements are allowed up to a maximum of three (3) months supply if prescribed for a valid indication declared by the attending doctor; and
- ii) Patient to be discharged without confirmation from PMCare. Any excess amount to be billed to PMCare.

4. Kindly note that:

a. Expense entitlement is only for or directly related to medical / surgical condition referred to in above Item No. 3

b. Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.

c. Payment of claim is subject to timely submission of complete documents, i.e. within 30 days from date of service or discharge.

d. For extension of admission, the hospital must obtain extended GL from 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 I and Part II) together with your invoice for payment.

Yours faithfully,	-
For and on behalf	of
PMCare Stin Bhd	
Market John	

Authorised signatory

I, the abovenamed and/or on behalf of my dependent have read the important notes above and hereby consent to the release of the medical report/information to PMCare Sdn Bhd and/or my employer, and agree to allow my employer to deduct my salary in the event of excepts of limit.

PMCARE SDN BHD (458443-P)
No.1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor, Malaysia. General Line: 03-8026 6888
Carcline: 03-8026 7799 Careline Centre Fax: 03-8023 9999 Email: gl@pmcare.com.my



#### FORM MM201 (Part II)

GL Serial No.

: 18012017194954

Visit Type

NOT APPLICABLE

GL Issued To : COLUMBIA ASIA HOSPITAL PETALING JAYA Service Type

Appointment Date

ADMISSION 20/01/2018

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PROGRAM Treatment by acupuncturist, homeopath and traditional Expenses incurred during hospitalization which are of a medicine practitioner personal nature, e.g food, telephone, extra bed. Contraceptive treatment such as taking family planning Treatment of cosmetic nature pills, IUD, sterilization Abortion and venereal disease treatment Infertility treatment Aids for correction of eyesight and hearing Treatment arising from intentional or self-inflicted injuries REASON FOR REFERRAL (Based on Referral/Previous Notes) INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED SPECIALIST CONSULTANT OR ADMISSION NOTES Provisional Diagnosis Final Diagnosis Solitory rectal war 3 Rectal poli Arevera GERD. ICD10 coding, if available Since when condition deemed to have strated M MKM MAN Major Procedure(s) - if any Colonos Please indicate 1/ Psychological Pregnancy-related Chronic if this illness Infertility-related Cosmetic MVA-related Comenital or treatment is/are Work-related Follow-up necessary? No Yes Please indicate  $\sqrt{}$  if patient/needs to be/was crossed referred? No If Yes, to which specialist? (Flease state reasons) N/A = Applicable ] FU = \allow Up FV = First Visit DR. ANDY EASWAREN VASUDEVAN MBBS (UM), M.Med(Int.Med)(UM), AM(Mal) MMC REG NO :30684 CONSULTANT INTERNAL MEDICINE PHYSICIAN & GASTROENTEROLOGIST Signature of Attending Specialist COLUMBIA AS MEGICAT FEREITIL VISLAMID Note: Once stable, please refer the patient back to the referring doctor or his/her regular GP with appropriate advise.

### **PMCare Pre-Admission Form**

### COLUMBIA ASIA HOSPITAL - PETALING JAYA

S S PMCare

Important Note : To request a Guarantee Letter, please complete this form prior to admission and email. 13/6, SEKSYEN 13, gl@pmcare.com.my/03 8023 9999.

Hospital Name	SELANGOR DARUL EHSAN.							
Contact Person		С	ontact No.	TEL: 03-7	7949 999	P FAX: 0	8-7949 9997	***************************************
Admission Date	20 day 01 month	2018	vear	Admission T	ime			am/pm
Admission bace	1 20 day 01 month	2010	year	7 70111331017		· §	`	
Patient Name						÷	2 = 1 2 - 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
PMCare Member ID						-		
						-		
Company Name							12.01	1 1001
Patient IC No./Birth Certifi	Man harman word have a supplied with the supplied of the suppl					-	12.04	1.1991
	LOOVE CHAN 2202	MEDICA	VG ZIDS	LON LANDON	Plood	Pressure	98/60	
	Lethoraic me uncopal attacks 2				DIOOG	riessure		)
Presenting symptoms at time of	Louse stool 220x, vomiting 710x, howeatt, Bloc Lethorgic, fresynopal attacks x2, Puls Not tolerating orally.			Pulse		79		
admission and physical finding	7 0000	7,			Respir	atory rate		
					Tempe	erature	38.8	°° C ·
Is this the <b>FIRST TIME</b> patient has this/these or similar symptom(s)?	Yes No			wa aki (a)		day(c)		
If no, how long has the condition	year(s)	_ month(s	5)	week(s)	··	_aay(s)		
existed?	20 day 01 month 3	2012						
When did patient first consult you	day month _	ye	ar					
for this complaint/condition?			<u></u>					
Provisional Diagnosis	DAGE with deh	ydrotic	)~ , 	Anaemi'c	λ.			
Etiology of the above diagnosis	food indiscretion	1						
	Motor vehicle accident related	<b>□</b> 1No	☐ Yes	Date of accide	ent	_	dav m	onth year
	Slips, Trips or Fall	☑ No	П Уос					,
	Accident at Work			Time of accide	ent		am/pm	
	Accident de Work	J-N0	∐ Yes				,	
Please indicate ( $$ ) if the	Cosmetic/Dental Care/Refractive	error				ØNo_	☐ Yes	
illness/injury or treatment is/are	Chronic Illnesses				☑ No ☑ No	☐ Yes ☐ Yes		
	Influence of Drugs/Alcohol  Psychological Disorder/Psychiatric/Sleeping Disorder					☑ No ☑ No	☐ Yes	
	Pregnancy Related /infertility					☑ No	☐ Yes	
	Self-Inflicted injuries/Violation of laws/Strike/Riots					Z No	☐ Yes	
	Congenital					□ No	☐ Yes	
	STD/HIV/AIDS		——————————————————————————————————————	1 6 5 1		Z Nο_	☐ Yes	
	Hypertension, Diabetes  Cardiovascular Disease	Ø No Ø No	☐ Yes	Since?		day day	month month	
	Malignancy of any kind	D No	☐ Yes☐ Yes	Since? Since?		day	month	
	Stones of the Urinary system	₽ No	☐ Yes	Since?		day	month	
Has patient suffered from/Is	ENT conditions	₽ No	☐ Yes	Since?		day	month	n year
patient suffering any illnesses stated as follows:	Hemias, haemorrhoids	Æ No	☐ Yes	Since?		day	month	
	Endometriosis	√ No	☐ Yes	Since?	(75	day	month	n year
	Others	□ No	☐ Yes	Since?	(ir yes,	, please s	peary)	
				***************************************		dav	month	) vear
Can this condition be managed	☐ Yes ☑ No		1. 1200	Eaines IV	antibo	iotics,	IV Drip	n year For Mhydvontion
under outpatient basis?	(If no, please state reason) Reason not tolerating only, failed				ailed o	utpatient .	treatment,	
Admission requires	Hospitalisation	y Care		ient's request		Es	timated ngth of stay	3-4 day
	Medication Diagnostic Imaging				Estimated total cost			
Please state <b>TREATMENT PLAN.</b> e.g. lab test, imaging, and etc	Procedure Surgery Physiotherapy	Laborai Others	tory Test , Please spec	cify:		R	M 50	VO .OO.
Signature and stamp of Admitting D Physician/Surgeon	r. Aaron Cheah Ooi Joon (MM) (#PM) (MM) Registration No. 46674)							
If Admitting Doctor is a Medical Officer, please state Name and Colu Specialty / Doctor to be referred to	Medical Officer	Dr	Andy	Easwar	11			



### LABORATORY REPORT

Name

IC No.

MRN

Visit No

: V000000001-PJAY

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 1:33PM

Lab No

: P0000043785

Reported On

: 20/01/2018 2:09PM

Referred By

: Dr. CHEAH OOI JOON

Serology

**Test Name** 

Result

Reference Range

**DENGUE FEVER DIAGNOSIS** 

DENGUE IGG ANTIBODY

**NEGATIVE** 

**DENGUE IGM ANTIBODY** 

**NEGATIVE** 

DENGUE NS1 ANTIGEN

**NEGATIVE** 

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

#### Comment:



### LABORATORY REPORT

Name

MRN

IC No.

Visit No

: V000000001-PJAY

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 1:33PM

Lab No

: P0000043786

Reported On

: 20/01/2018 2:09PM

Referred By

: Dr. CHEAH OOI JOON

**Biochemistry** 

**Test Name** 

Result

Reference Range

**RENAL PANEL 2** 

RANDOM GLUCOSE

5.24 mmo/L

(3.90 - 7.80)

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

Comment:



### LABORATORY REPORT

Name

IC No.

: 910412-01-5587

MRN

**Visit No** 

: V000000001-PJAY

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 2:56PM

Lab No

: P0000043788

Reported On

: 20/01/2018 3:10PM

Referred By

: Dr. CHEAH OOI JOON

Serology

**Test Name** 

Result

MYCOPLASMA PNEUMONIAE IGM

**POSITIVE** 

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

Comment:



### LABORATORY REPORT

Name

IC No. Visit No

: A000000001-PJAY

MRN

: 21/01/2018 6:41AM

Age/Gender : 201 9M IID / MALE

Received On

Lab No

: P0000043801

Reported On

: 21/01/2018 7:20AM

Referred By

: Dr. ANDY EASWAREN VASUDEVAN

Ward/Room/Bed: MULTIDISCIPLINE 1 / 52 / 52B

### Haematology

		114011.401.57	
	Test Name	Result	Reference Range
	FULL BLOOD COUNT (FBC)		
*	HAEMOGLOBIN	9.0 g/dl	( 12.50 - 17.50 )
	RBC (RED BLOOD CELL)	5.05 x10^6/µL	(4.50 - 6.00)
*	PCV (PACKED CELL VOLUME)	30 %	(40 - 50)
*	MCV	60 fl	( 78 - 97 )
*	MCH	18 pg	( 27 - 33 )
*	MCHC	30 g/dl	( 31 - 35 )
*	RDW	19 %	(11 - 15)
	NEUTROPHIL	68.8 %	( 40 - 75 )
*	LYMPHOCYTE	17.6 %	( 20 - 45 )
*	MONOCYTE	12.5 %	(2-10)
*	EOSINOPHIL	0.9 %	(1-6)
	BASOPHIL.	0.2 %	(0-1)
	PLATELET COUNT	369 x10³/μL	( 150 - 400 )
	WBC (WHITE CELL COUNT)	5.6 x10³/μL	(4.0 - 11.0)
		******** END OF DEDODT ****	****

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

### Comment:

### LABORATORY REPORT



NAME

SEX/AGE

NRIC/PASSPORT

MRN

. ......

LAB NO : 181038580

SPECIMEN COLLECTED: 20/01/2018 13:30

DR. Andy

Laboratory Department Columbia Asia Hospital-PJ

Lot 69 Jalan 13/6, Seksyen 13

46200 Petaling Jaya

REPORT PRINTED : 22/01/2018 10:09

Mb 1

**Bacteriology** 

Report Status

: Preliminary Report

Specimen

: Blood culture acrobic and anaerobic bottles

Culture

Culture

: No growth was obtained after 24 hours incubation. Cultures continuing

-- End of Report --

Validated By: Robert Lee Teck Vui Dip.Med.Lab.Tech at 10:09 on 22/01/2018

Note: This is a computer generated report and requires no signature

L3-4, 3rd Floor, Wisma Kemajuan, No. 2, Jalan 19/18, 46300 Petaling Jaya, Selangor, Malaysia. t |  $\pm$  +603-7626 3522 | f |  $\pm$  603-7626 3588 | Customer Care | 1300 13 3522







### LABORATORY REPORT

Name

IC No.

MRN

Visit No

: V000000001-PJAY

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 4:55PM

Lab No

: P0000043789

Reported On

: 20/01/2018 5:18PM

Referred By

: Dr. CHEAH OOI JOON

Mnj

Serology

**Test Name** 

Result

STOOL FOR ROTAVIRUS

RAPID ROTAVIRUS : POSITIVE RAPID ADENOVIRUS: NEGATIVE

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

Comment:



### LABORATORY REPORT

Name

IC No.

MRN

Visit No

: V000000001-PJAY

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 4:55PM

Lab No

: P0000043789

Reported On

: 20/01/2018 5:18PM

Referred By

: Dr. CHEAH OOI JOON

**Clinical Pathology** 

**Test Name** 

Result

STOOL FOR OCCULT BLOOD

POSITIVE

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

Comment:



### LABORATORY REPORT

Name

IC No.

MRN

Visit No

: V000000001-PJAY

Age/Gender : ZOY 9M IUD / MALE

Received On

: 20/01/2018 1:33PM

Lab No

: P0000043785

Reported On

: 20/01/2018 1:44PM

Referred By

: Dr. CHEAH OOI JOON

Haematology

	riacinatology			
	Test Name	Result	Reference Range	
	DENGUE FEVER DIAGNOSIS			
	FULL BLOOD COUNT (FBC)			
*	HAEMOGLOBIN	9.1 g/dl	( 12.50 - 17.50 )	
	RBC (RED BLOOD CELL)	5.29 x10^6/μL	( 4.50 - 6.00 )	
*	PCV (PACKED CELL VOLUME)	31 %	( 40 - 50 )	
*	MCV	59 fl	( 78 - 97 )	
*	МСН	17 pg	( 27 - 33 )	
*	мснс	29 g/dl	(31 - 35)	
*	RDW	19 %	( 11 - 15 )	
*	NEUTROPHIL	83.2 %	( 40 - 75 )	
**	LYMPHOCYTE	7.5 %	( 20 - 45 )	
	MONOCYTE	8.9 %	(2-10)	
*	EOSINOPHIL	0.2 %	(1-6)	
	BASOPHIL	0.2 %	(0-1)	
	PLATELET COUNT	387 x10³/μL	( 150 - 400 )	
	WBC (WHITE CELL COUNT)	6.7 x10³/µL	(4.0 - 11.0)	
			بله بله بك	

### Comment:



### LABORATORY REPORT

Name

IC No. Visit No

: VUUUUUUUUU1-PJAT

MRN

Age/Gender : 26Y 9M 10D / MALE

Received On

: 20/01/2018 1:33PM

Lab No

: P0000043785

Reported On

: 20/01/2018 2:09PM

: Dr. CHEAH OOI JOON Referred By

**Biochemistry** 

Test Name	Result	Reference Range
LIVER FUNCTION TEST		
PROTEIN	73.4 g/L	( 60 - 86 )
ALBUMIN	47.1 g/L	( 35 - 50 )
GLOBULIN	26 g/L	( 20.0 - 39.0 )
A/G RATIO	2	( 1.0 - 2.2 )
BILIRUBIN-TOTAL	7.2 µmol/L	( 3.0 - 22.5 )
GGT (GAMMA GLUTAMYL TRANSFERASE)	11 U/L	(1-55)
ASPARTATE TRANSAMINASE (SGOT)	34.4 U/L	(0-40)
ALANINE TRANSAMINASE (SGPT)	20.3 U/L	(0-46)
ALKALINE PHOSPHATASE	46 U/L	( 40 - 130 )
RENAL PANEL 2		
UREA	3.3 mmol/L	(1.70 - 8.30)
CREATININE	91 µmol/L	(0-120)
URIC ACID	377 μmol/L	( < 506 )
SODIUM	136 mmol/L	( 136 - 145 )
POTASSIUM	3.59 mmol/L	(3.5 - 5.5)
CHLORIDE	98.5 mmol/L	( 94 - 111 )
TOTAL CALCIUM	2.25 mmol/L	( 2.0 - 2.6 )
PHOSPHATE	1.05 mmol/L	( 0.80 - 1.60 )
	*******	****

\*\*\*\*\*\* END OF REPORT \*\*\*\*\*\*\*

### Comment: