

COLUMBIA ASIA SDN. BHD. (388359-P)
COLUMBIA ASIA HOSPITAL KLANG
Wholly Owned By COLUMBIA ASIA SDN BHD
PT 71153, JALAN MAHKOTA 1/KU 2
MUTIARA BUKIT RAJA 2
KM2, OFF JALAN MERU
KLANG 41050
SELANGOR

Tel No : 03-33467999 Fax No : 03-33467998

INVOICE

Debtor Name : PMCARE SDN BHD

Ref. No :

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

Bill No. : OPC-16401
Bill Date/Time : 06/11/2019 10:44:45 AM
Cashier Name : SHARIMILA.B

GL No.:
Co.Guarantor:

Debtor Code : P001T
Credit Term : 60 Day(s)
it/Visit Date/Time : 06/11/2019 08:42:32 AM
Charge Date/Time :
ard/Rm/Bed/Type :

Patient Name:

Charge Type : OutPatient

Patient Address:

IC No.:
MRN:

Admitting /Primary : ROSLIZA BINTI GHAZALI
Doctor

Description	Amount (RM)	Disc Amt (RM)	Tax Code	Tax Amt (RM)	Payable Amt (RM)	Total (RM)
HOSPITAL CHARGES						
ADMIN CHARGES	6.00	0.00		0.00	6.00	
					6.00	
LABORATORY	88.50	0.00		0.00	88.50	
					88.50	
PHARMACY	259.50	0.00		0.00	259.50	
					259.50	
DOCTOR CHARGES						
SPECIALIST CONSULTATION						
Doctor Name : ROSLIZA BINTI GHAZALI					105.00	
					105.00	

[Signature]
20191120 1121 3024
821023-01-6257



Total Amount (RM) :	459.00
Total Discounted (RM) :	0.00
Total Tax Amount (RM) :	0.00
Total Payable Amount(RM) :	459.00
Rounded Off Value (RM) :	459.00
Doc. Amount	Allocated Amount
LESS Total Credit Note (RM) :	0.00
	459.00
ADD Total Debit note (RM) :	0.00
	459.00
LESS Payment (RM) :	0.00
Balance Payable / (Refundable) (RM) :	459.00

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



FORM MM201 (Part 1)

TRANSMISSION

CRD :
 GL Serial No. : 1911052140395
 Previous GL Serial No. : 19102521295147
 Date / Time of Issuance : 05/11/2019 21:40:39.657
 Attention : DR ROSLIZA
 To : COLUMBIA ASIA HOSPITAL - KLANG

Sp/Hosp. Fax No. : 0333467998
 Other Fax No. : 0333467999
 By Hand/Courier/Mail :
 Visit Type : FOLLOW UP
 Service Type : CONSULTATION
 Appointment Date : 06/11/2019

GUARANTEE LETTER ("GL")

GL Validity Period:

Benefit Plan: UMWTSB4_Y19
 GP,SP,HP(R&B150_27.5K)

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)

ACUTE APPENDICITIS : FOLLOW UP COVERAGE 30/10/2019 - 30/11/2019. THIS GL VALID FOR 1 VISIT ONLY. PLEASE REQUEST NEW GL FOR NEXT FOLLOW UP.

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 : **ZARUL A. WAHAB**
 NRIC No. : **831023-01-6951**

PMCare 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. : 1911052140395
GL Issued To : COLUMBIA ASIA HOSPITAL - KLANG

Visit Type : FOLLOW UP
Service Type : CONSULTATION

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)

ACUTE APPENDICITIS : FOLLOW UP COVERAGE 30/10/2019 - 30/11/2019. THIS GL VALID FOR 1 VISIT ONLY. PLEASE REQUEST NEW GL FOR NEXT FOLLOW UP.

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Final Diagnosis

1) Gallstone diseas 3) Appendicitis
2) Fatty liver

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

Dr. Rosliza Binti Ghazali

Dr. Rosliza Binti Ghazali

MBBCh (UK),
MS (General Surgery) (UKM), AM (Mal)
(MMC No: 37235, NSR No: 132945)
Consultant General Surgeon
Columbia Asia Hospital - Klang

Medical Facility Stamp

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

Columbia Asia Sdn. Bhd. 38835
Columbia Asia Hospital - Klang
PT 74163, Jalan Mahkota 1/KO 2,
Bukit Raja 2, KM 2 Off Jalan Meru,

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