



HOSPITAL PAKAR METRO

新世纪专科医院

[Wholly managed by Metro Kurnia Sdn. Bhd. (243758-M)]

1, Lorong Metro, 08000 Sungai Petani, Kedah Darul Aman, Malaysia.

Tel: 04-423 8888 Fax: 04-423 4848 E-mail: metro@hospitalmetro.com http://www.hospitalmetro.com

202002061216655



OUTPATIENT BILL

BILL NO. : F10482753

PATIENT : [REDACTED] D
DEBTOR : [REDACTED] IDAH (DP0025)
ADDRESS : [REDACTED] L EHSAN
TEL : [REDACTED]
SEX : [REDACTED]
NRIC NO : [REDACTED] AGE : 55

BILL DATE : 16/12/2019
REGISTRATION NO. : B11382
PAGE NO. : PAGE 1 OF 1
ACCOUNT NO. : V-B11382-103

DESCRIPTION	CHARGES (RM)	DISCOUNT (RM)	TAX (RM)	TOTAL BILL (RM)	OTHERS (RM)	BALANCE (RM)
16/12/2019 18K BLOOD PACKAGE	208.00					
75MG PREGA / PREGABALIN	93.00					
CHLORPHENIRAMINE/ PIRITON 4MG/ CHLORAMINE	3.50					
CRESTOR 20MG / ROSUVASTATIN	265.50					
NORVASC 10MG / AMLODIPINE BESYLATE	105.00					
PROFESSIONAL FEE [DSARB] ✓	105.00					
PROFESSIONAL FEE [DSOCL] ✓	50.00			860.00		860.00

GRAND TOTAL (RM)	860.00	(0.00)	0.00	860.00	0.00	860.00
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Charges validity subject to clearance

Please quote Bill No, when making payment

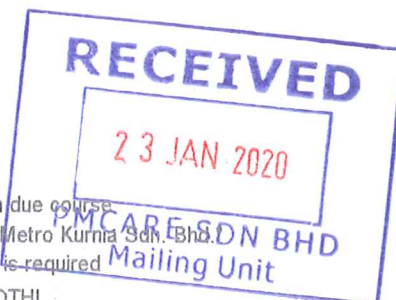
Any omitted/late charges, will be invoiced to you in due course

Cheque should be crossed and made payable to "Metro Kurnia Sdn. Bhd."

This is a computer generated bill and no signature is required

Date Printed : 17/12/2019 00:41:15

By JOTHI





1211282
BR. OCL
BP0025
16/12/19
V-103

FORM MM201 (Part 1)

TRANSMISSION

CRD :	Sp/Hosp. Fax No. :	044234848
GL Serial No. :	Other Fax No. :	044238888
Previous GL Serial No. :	By Hand/Courier/Mail :	
Date / Time of Issuance :	Visit Type :	FOLLOW UP
Attention :	Service Type :	CONSULTATION
To :	Appointment Date :	16/12/2019

HOSPITAL PAKAR METRO (METRO SPECIALIST HOSPITAL)

GUARANTEE LETTER ("GL")

GL Validity Period:

- i) To be utilized until 29/12/2019
- ii) For one (1) Outpatient visit only.

[Redacted]		[Redacted]		NIA SDN BHD	
[Redacted]		[Redacted]		21 DEC 2019	
[Redacted]		Relationship:		EMPLOYEE	
[Redacted]		Program Type:		TPA	
TELEKOM MALAYSIA BERHAD - MERGE		Benefit Plan:		T5A_Y05	
PMCare Member ID:		GP,SP,HP(SBR)			
M-M-7276346-I					

Received by:
FINANCE DEPARTMENT

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for 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) AS CHARGED ✓
3. Diagnosis (Provisional or Primary)

SCIATICA

4. Kindly note that:
 - a. Expense entitlement is only for or directly related to medical / surgical 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 30 days from date of service or discharge.
 - d. 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. :

FORM MM201 (Part II)



GL Serial No. : 19121609073911

GL Issued To : HOSPITAL PAKAR METRO (METRO SPECIALIST HOSPITAL)

Visit Type : FOLLOW UP

Service Type : CONSULTATION

Appointment Date : 16/12/2019

	Benefit Plan: T5A_Y05 GP,SP,HP(SBR)

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)

SCIATICA

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

--

Final Diagnosis

<p><i>p10 lumbago</i></p>
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

DR. M. F. H. HAN
MMC Reg. No: 40993
NSR Reg No: 129812
MBBS (UM) MS. ORTHO (UM) CMIA (NIOSH)
FELLOWSHIP IN ARTROSCOPY & SPORT SURGERY (S'PORE)
FELLOWSHIP IN JOINT REPLACEMENT (KOREA)
FELLOWSHIP IN ORTHOPAEDIC & TRAUMA SURGERY

Signature of Attending Specialist

METRO SPECIALIST HOSPITAL
1, LORONG METRO,
08000 SUNGAI PETANI,
KEDAH DARUL AMAN.
TEL: 04-423 8888 & FAX: 04-423 4848

Medical Facility Stamp

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

DR. AMIR



FORM MM201 (Part II)

GL Serial No. : 1912160907275 Visit Type : FOLLOW UP
GL Issued To : HOSPITAL PAKAR METRO (METRO SPECIALIST HOSPITAL) : CONSULTATION
Appointment Date : 16/12/2019

COVERED UNDER THE PRO	
opath and traditional	ation which are of a
king family planning	e, extra bed.
pms, IUD, sterilization	
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)

OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Hypertension, Hypothyroidism, P. diabetes

Final Diagnosis

diabetes

ICD10 coding, if available

Since when condition deemed to have started

2014

Major Procedure(s) - if any

None

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. AMIR HAKIM BIN BASRI
MD (UKM) M.MED (INT.MEDICINE) (USM)
GASTROENTEROLOGY, MONASH AUSTRALIA
CONSULTANT PHYSICIAN &
GASTROENTEROLOGIST

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

METRO SPECIALIST HOSPITAL
1, LORONG METRO,
08000 SUNGAI PETANI,
KEDAH DARUL AMAN.
METRO SPECIALIST HOSPITAL
TEL: 04-423 8888 FAX: 04-423 4848
TEL: 04-423 8888 FAX: 04-423 4848
Medical Facility Stamp

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

CRD :
 GL Serial No. : 1912160907275
 Previous GL Serial No. : 1911171555305
 Date / Time of Issuance : 16/12/2019 09:7:27.145
 Attention : CONS PHYSICIAN ✓
 To : HOSPITAL PAKAR METRO (METRO SPECIALIST HOSPITAL)

Sp/Hosp. Fax No. : 044234848
 Other Fax No. : 044238888
 By Hand/Courier/Mail :
 Visit Type : FOLLOW UP
 Service Type : CONSULTATION
 Appointment Date : 16/12/2019

B11382
 DR. ARB
 DP0025
 16/12/19.
 V-103

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

- i) To be utilized until 29/12/2019
 ii) For one (1) Outpatient visit only.

PMCare Sdn Bhd
DEC 2019
PARLIMENT

PMCare Sdn Bhd undertakes to make payment for abovenamed patient NOT stated in Item No. 2.

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

3. Diagnosis (Provisional or Primary)

OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

4. Kindly note that:

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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. :