



KITA KONGSI SDN BHD, C/O WEWORK  
LEVEL 18, EQUATORIAL PLAZA, JALAN  
SULTAN ISMAIL, 50250 KUALA LUMPUR  
W.P. KUALA LUMPUR MALAYSIA.

+6011-1303 3131 | info@wekongsi.com

### SHARING REPORT SEPTEMBER 2024

Period : 7<sup>th</sup> August 2024 to 6<sup>th</sup> September 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
2018	1319	6	RM44,830.81

<b>Total Medical Cost</b>	RM44,830.81
<b>Last Month Extra Shared</b>	RM10.08
<b>Last Month Unsettlement Balance</b>	RM0.00
<b>Active Members <i>(Pass 90 days waiting period)</i></b>	1319
<b>Each Member Share (Before rounding)</b>	RM33.9808
<b>Each Member Share (After rounding)</b>	RM33.99
<b>Total Share</b>	RM44,832.81
<b>Extra bring to Next Month</b>	RM12.08
<b>Unsettlement Cost to Carry Forward</b>	RM0.00

#### Case 1

Member Name : FAIRUxxxxxxxx  
Member NRIC : 8501xxxxxxxx  
Approved Amount : 4,519.95  
Hospital Name : HOSPITAL SERI BOTANI  
Diagnosis : Influenza due to identified influenza virus  
Admission Date : 20/06/2024  
Discharge Date : 24/06/2024

#### Case 2

Member Name : RISWAxxxxxxxx  
Member NRIC : 8310xxxxxxxx  
Approved Amount : 12,861.34  
Hospital Name : KPJ TAWAKKAL KL SPECIALIST HOSPITAL  
Diagnosis : ESSENTIAL (PRIMARY) HYPERTENSION  
Admission Date : 10/07/2024  
Discharge Date : 13/07/2024

#### Case 3

Member Name : TEY Cxxxxxxxx  
Member NRIC : 8511xxxxxxxx  
Approved Amount : 10,866.52  
Hospital Name : KPJ JOHOR SPECIALIST HOSPITAL SDN BHD  
Diagnosis : THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER  
Admission Date : 03/07/2024  
Discharge Date : 10/07/2024



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**Case 4**

Member Name : WAN Txxxxxxxxx  
Member NRIC : 8407xxxxxxxx  
Approved Amount : 4,036.70  
Hospital Name : AURELIUS HOSPITAL NILAI  
Diagnosis : SPRAIN OF CRUCIATE LIGAMENT OF KNEE  
Admission Date : 05/07/2024  
Discharge Date : 06/07/2024

**Case 5**

Member Name : MUHAMMxxxxxxxxx  
Member NRIC : 2208xxxxxxxx  
Approved Amount : 6,593.10  
Hospital Name : KPJ SEREMBAN SPECIALIST HOSPITAL  
Diagnosis : VIRAL INFECTION, UNSPECIFIED  
Admission Date : 12/07/2024  
Discharge Date : 15/07/2024

**Case 6**

Member Name : SRITHARxxxxxxxxx  
Member NRIC : 1606xxxxxxxx  
Approved Amount : 5,953.20  
Hospital Name : ASSUNTA HOSPITAL  
Diagnosis : INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS  
Admission Date : 06/08/2024  
Discharge Date : 10/08/2024



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### Supporting Documents



## FINAL GUARANTEE LETTER

To	: HOSPITAL SERI BOTANI		
Attention	: Billing Department		
From	: <b>PM CARE SDN BHD</b>		
Attending Officer	: AZMIRAN	Date	: 26/06/2024 05:52:33 PM
<b>Our Reference</b>			
GL No.	: 24062021503142	FGL No.	: DA24062617523341
Discharge Bill No.	: S-240008288	Admission Date	: 20/06/2024
Patient Name	: FAIRU [REDACTED]	Discharge Date	: 24/06/2024
Patient NRIC	: 8501 [REDACTED]	Length of Stay	: 4.50
Patient Member ID	: 8501 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: Influenza due to identified influenza virus		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **S-240008288** amounting **RM 4,635.10** dated **24/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,519.95** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	30.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	85.15		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		



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## FINAL GUARANTEE LETTER

To	: KPJ TAWAKKAL KL SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: <b>PMCare SDN BHD</b>		
Attending Officer	: NOORBAZILAH	Date	: 13/07/2024 12:06:50 PM
<b>Our Reference</b>			
GL No.	: 24071115342751	FGL No.	: DA24071312065033
Discharge Bill No.	: 4522437	Admission Date	: 10/07/2024
Patient Name	: RISWA [REDACTED]	Discharge Date	: 13/07/2024
Patient NRIC	: 8310 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 8310 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ESSENTIAL (PRIMARY) HYPERTENSION		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **4522437** amounting **RM 13,655.20** dated **13/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 12,861.34** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	793.86		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		



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## FINAL GUARANTEE LETTER

To	: KPJ JOHOR SPECIALIST HOSPITAL SDN BHD		
Attention	: Billing Department		
From	: <b>PMCARE SDN BHD</b>		
Attending Officer	: HAZLAN	Date	: 10/07/2024 01:51:46 PM
<b>Our Reference</b>			
GL No.	: 2407041322156	FGL No.	: DA24071013514680
Discharge Bill No.	: 4871701	Admission Date	: 03/07/2024
Patient Name	: TEY C [REDACTED]	Discharge Date	: 10/07/2024
Patient NRIC	: 8511 [REDACTED]	Length of Stay	: 7.00
Patient Member ID	: 8511 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **4871701** amounting **RM 11,716.85** dated **10/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 10,866.52** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	850.33		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		



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## FINAL GUARANTEE LETTER

To	: AURELIUS HOSPITAL NILAI		
Attention	: Billing Department		
From	: <b>PMCare SDN BHD</b>		
Attending Officer	: M_AMIR	Date	: 07/07/2024 09:31:18 AM
<b>Our Reference</b>			
GL No.	: 24070513351799	FGL No.	: DA24070709311887
Discharge Bill No.	: 256759-1	Admission Date	: 05/07/2024
Patient Name	: WAN T [REDACTED]	Discharge Date	: 06/07/2024
Patient NRIC	: 8407 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 8407 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: SPRAIN OF CRUCIATE LIGAMENT OF KNEE		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **256759-1** amounting **RM 4,379.70** dated **06/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,036.70** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	343.00		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		



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## FINAL GUARANTEE LETTER

To	: KPJ SEREMBAN SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: <b>PMCare SDN BHD</b>		
Attending Officer	: M_AMIR	Date	: 15/07/2024 08:03:14 PM
<b>Our Reference</b>			
GL No.	: 24071305215923	FGL No.	: DA2407152003142
Discharge Bill No.	: 2709179	Admission Date	: 12/07/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 15/07/2024
Patient NRIC	: 2208 [REDACTED]	Length of Stay	: 4.00
Patient Member ID	: 2208 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: VIRAL INFECTION, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **2709179** amounting **RM 6,593.10** dated **15/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,593.10** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	0.00		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		



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AMENDED DISCHARGE ADVICE	
The amended DA was done due to:	
<input type="checkbox"/>	Revised bill received from the hospital
<input checked="" type="checkbox"/>	Revised DA computation by PMCare
<b>Date : 12/08/2024</b>	



## FINAL GUARANTEE LETTER

To	ASSUNTA HOSPITAL		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	M_AMIR	Date	10/08/2024 12:21:13 PM

### Our Reference

GL No.	24080710395195	FGL No.	DA24081012211286
Discharge Bill No.	NIL	Admission Date	06/08/2024
Patient Name	SRITH [REDACTED]	Discharge Date	10/08/2024
Patient NRIC	1606 [REDACTED]	Length of Stay	4.00
Patient Member ID	1606 [REDACTED]	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **NIL** amounting **RM 6,050.80** dated **10/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 5,953.20** and the excess(s) as the following:

Benefit Items:	Non-Payable Amount : To be paid by Patient (RM)	Co-Payment : To be paid by Patient (RM)	Charges exceeded 13th Schedule of Fees NOT TO BE COLLECTED from patient (RM)
Room & Board	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	97.60		
Surgical Fees			0.00
Anesthetic Fees			0.00
Operating Theatre			0.00
Physician Visit/Ward			0.00
Ambulance Services	0.00		
Government Tax	0.00		
Medical Report	0.00		
<b>Deductible</b>	0.00		
<b>Co - Insurance</b>	0.00		