



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 AUGUST 2024

Period : 7th July 2024 to 6th August 2024

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
1840	1254	12	RM55,593.79

Total Medical Cost	RM55,593.79
Last Month Extra Shared	RM1.51
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1254
Each Member Share (Before rounding)	RM44.3319
Each Member Share (After rounding)	RM44.34
Total Share	RM55,602.36
Extra bring to Next Month	RM10.08
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : ABDULxxxxxxxx
Member NRIC : 9702xxxxxxxx
Approved Amount : 6,346.54
Hospital Name : COLUMBIA ASIA HOSPITAL - ISKANDAR PUTERI
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 13/06/2024
Discharge Date : 15/06/2024

Case 2

Member Name : MUHAMxxxxxxxx
Member NRIC : 2209xxxxxxxx
Approved Amount : 200.00
Hospital Name : HOSPITAL KAJANG
Diagnosis : Right leg partially threaded abscess
Admission Date : 01/05/2024
Discharge Date : 04/05/2024

Case 3

Member Name : KOH Cxxxxxxxx
Member NRIC : 9005xxxxxxxx
Approved Amount : 865.00
Hospital Name : PUSAT PERUBATAN UNIVERSITI MALAYA
Diagnosis : Influenza
Admission Date : 17/05/2024
Discharge Date : 20/05/2024



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Case 4

Member Name : HUD Bxxxxxxxx
Member NRIC : 2305xxxxxxxx
Approved Amount : 5,844.94
Hospital Name : HOSPITAL JERANTUT
Diagnosis : Acute exhaustion of mutation wheeze bronchopneumonia
Admission Date : 02/06/2024
Discharge Date : 09/06/2024

Case 5

Member Name : KOH Cxxxxxxxx
Member NRIC : 9005xxxxxxxx
Approved Amount : 668.00
Hospital Name : PUSAT PERUBATAN UNIVERSITI MALAYA
Diagnosis : Pneumonia
Admission Date : 15/06/2024
Discharge Date : 18/06/2024

Case 6

Member Name : QAYYIxxxxxxxx
Member NRIC : 1511xxxxxxxx
Approved Amount : 200.00
Hospital Name : HOSPITAL TUANKU JA'AFAR
Diagnosis : Meningoencephalitis
Admission Date : 26/05/2024
Discharge Date : 30/05/2024

Case 7

Member Name : AHMAD Hxxxxxxxx
Member NRIC : 1412xxxxxxxx
Approved Amount : 11,434.10
Hospital Name : KMI KUALA TERENGGANU MEDICAL CENTRE
Diagnosis : CHRONIC TONSILLITIS AND ADENOIDITIS
Admission Date : 20/05/2024
Discharge Date : 22/05/2024

Case 8

Member Name : SRITHAxxxxxxxx
Member NRIC : 1606xxxxxxxx
Approved Amount : 4,645.75
Hospital Name : ASSUNTA HOSPITAL
Diagnosis : VIRAL INFECTION, UNSPECIFIED
Admission Date : 03/06/2024
Discharge Date : 06/06/2024



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Case 9

Member Name : PUTERI Nxxxxxxxxx
Member NRIC : 1204xxxxxxxx
Approved Amount : 200.00
Hospital Name : KPJ KLANG SPECIALIST HOSPITAL
Diagnosis : ACUTE BRONCHITIS, UNSPECIFIED
Admission Date : 05/06/2024
Discharge Date : 09/06/2024

Case 10

Member Name : HUD Bxxxxxxxxx
Member NRIC : 2305xxxxxxxx
Approved Amount : 8,688.95
Hospital Name : DARUL MAKMUR MEDICAL CENTRE
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 11/06/2024
Discharge Date : 15/06/2024

Case 11

Member Name : MUHAMMxxxxxxxxx
Member NRIC : 1812xxxxxxxx
Approved Amount : 6,280.30
Hospital Name : SRI KOTA MEDICAL CENTER
Diagnosis : VIRAL INFECTION, UNSPECIFIED
Admission Date : 13/06/2024
Discharge Date : 16/06/2024

Case 12

Member Name : AIREENxxxxxxxxx
Member NRIC : 2212xxxxxxxx
Approved Amount : 8,215.95
Hospital Name : ORIENTAL MELAKA STRAITS MEDICAL CENTRE
Diagnosis : OTHER VIRAL PNEUMONIA
Admission Date : 19/06/2024
Discharge Date : 25/06/2024



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Supporting Documents



OPS / DA-GL-1

FORM MM-D

Discharge Advice

To	COLUMBIA ASIA HOSPITAL - ISKANDAR PUTERI		
Attention	BILLING DEPARTMENT		
Fax / Phone No	072339888	072339999	No of pages (including this page) : 1
From	PMCARE SDN BHD		Phone : 603-8026 7799 Fax : 603-8023 3888
Attending Officer	M_ZAKI	Authorised By	: <input type="checkbox"/>
Date	20/06/2024 03:21:20 PM	Authorised Date	:

Our Reference

GL No.	24061315340740	Discharge Advice No.	: 2024062015212029
Discharge Bill No.	IPC-119425	Total Bill Amount	: RM6,852.40
Patient Name	ABDULL [REDACTED]	Admission Date	: 13/06/2024
		Discharge Date	: 15/06/2024
Patient Member ID	9702 [REDACTED]	Plan Name	: WEKONGSI2
Company/Plan	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **IPC-119425** dated **15/06/2024**, kindly be advised on the following

	No excess was incurred. Please facilitate discharge of patient.
X	The patient has incurred excess. Please collect the total excess amount of RM505.86 from the patient.

Details of Excess :

Room & Board	=	RM250.00
Surgical Fees	=	RM0.00
Anesthetic Fees	=	RM0.00
Hospital Ancillary	=	RM0.00
Physician Visit/Ward	=	RM0.00
Delivery Limit	=	RM0.00
Government Tax	=	RM0.00
DISP DRAW SHEET, TAKE HOME MEDS	=	RM255.86
Total Excess	=	RM505.86



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : MOH. [REDACTED]
Member NRIC : 8406 [REDACTED]
Member Package : STANDARD
Admission Date : 01/05/2024
Discharge Date : 4/05/2024
Hospital Name : Hospital Kajang
Total Overnight Days : 3

Total Allowance (RM) : 150

We want to express our gratitude for choosing a government hospital for your medical treatment/surgery. As per our guideline in section 5.A (Eligible to Share), you are eligible for the Daily Cash Allowance benefit at a government hospital. We have confirmed that you stayed overnight for a total of 3 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM150.

Thank you once again for utilizing government hospital services, as it helps alleviate the sharing burden for the entire community. We sincerely appreciate your participation in our program and your care for our community.

Yours faithfully,
We Kongs
Kita Kongs Sdn Bhd



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PUSAT PERUBATAN
**UNIVERSITI
MALAYA**

**PUSAT PERUBATAN UNIVERSITI MALAYA
(UNIVERSITI MALAYA MEDICAL CENTER)**

Alamat : Lembah Pantai, 59100 Kuala Lumpur, MALAYSIA
Telefon : +603 7949 4422
Fax : +603 7956 2253
Laman Web : <http://www.ummc.edu.my>

BK-FIN-037-E02

RESIT RASMI

No. Resit	: 202400213248	Tarikh	: 20/05/2024
No. Inbois	: 202400672084	RN	: 36895209
Nama Pesakit	: KOH [REDACTED]	No. KP	: 220917102071
Jumlah Bayaran	: RM 60.00	Kaedah Pembayaran	: Mastercard ()
Jenis Bayaran	: Resit	Nama Pembayar	: KOH [REDACTED]

Bagi bayaran dengan cek, resit ini hanya sah setelah cek dijelaskan ke akaun PPUM. Cek peribadi tidak diterima.
Maklumat ini dikeluarkan oleh komputer dan tandatangan adalah tidak perlu.

Dicetak pada : 20/5/2024 3:54:33 PM

Dikeluarkan oleh : KIOSK PPUM-SSK-03 (KWKK)

BORANG SOAL SELIDIK KAJIAN KEPUASAN PELANGGAN

Tujuan kaji selidik ini dijalankan adalah untuk menilai kepuasan para pesakit terhadap perkhidmatan yang disediakan oleh Pusat Perubatan Universiti Malaya. Justeru itu, sukacita tuan/puan dipohon untuk melengkapkan semua butiran Borang Soal Selidik Kajian Kepuasan Pesakit dan mengimbas Kod QR seperti yang tertera. Semua maklumat adalah untuk kegunaan kajian ini sahaja.



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BK-FIN-037-E02

RESIT RASMI

No. Resit	: 202400213248	Tarikh	: 20/05/2024
No. Inbois	: 202400672171	RN	: 36895209
Nama Pesakit	: KOH [REDACTED]	No. KP	: 220917102071
Jumlah Bayaran	: RM 805.00	Kaedah Pembayaran	: Mastercard ()
Jenis Bayaran	: Resit	Nama Pembayar	: KOH [REDACTED]

Bagi bayaran dengan cek, resit ini hanya sah setelah cek dijelaskan ke akaun PPUM. Cek peribadi tidak diterima.
Maklumat ini dikeluarkan oleh komputer dan tandatangan adalah tidak perlu.

Dicetak pada : 20/5/2024 3:53:31 PM

Dikeluarkan oleh : KIOSK PPUM-SSK-03 (KWKK)

BORANG SOAL SELIDIK KAJIAN KEPUASAN PELANGGAN

Tujuan kaji selidik ini dijalankan adalah untuk menilai kepuasan para pesakit terhadap perkhidmatan yang disediakan oleh Pusat Perubatan Universiti Malaya. Justeru itu, sukacita tuan/puan dipohon untuk melengkapkan semua butiran Borang Soal Selidik Kajian Kepuasan Pesakit dan mengimbas Kod QR seperti yang tertera. Semua maklumat adalah untuk kegunaan kajian ini sahaja.





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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : HUD [REDACTED]
Member NRIC : 1511 [REDACTED]
Member Package : DELUXE
Admission Date : 02/06/2023
Discharge Date : 09/06/2023
Hospital Name : HOSPITAL JERANTUT
Total Overnight Days : 7

Total Allowance (RM) : 700

We want to express our gratitude for choosing a government hospital for your medical treatment/surgery. As per our guideline in section 5.A (Eligible to Share), you are eligible for the Daily Cash Allowance benefit at a government hospital. We have confirmed that you stayed overnight for a total of 7 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM100 per day, totaling RM700.

Thank you once again for utilizing government hospital services, as it helps alleviate the sharing burden for the entire community. We sincerely appreciate your participation in our program and your care for our community.

Yours faithfully,
We Kongsi
Kita Kongsi Sdn Bhd



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BK-FIN-037-E02

RESIT RASMI

No. Resit	: 202400264236	Tarikh	: 18/06/2024
No. Inbois	: 202400815325	RN	: 36895209
Nama Pesakit	: KOH [REDACTED]	No. KP	: 220917102071
Jumlah Bayaran	: RM 60.00	Kaedah Pembayaran	: American Express ()
Jenis Bayaran	: Resit	Nama Pembayar	: KOH [REDACTED]

Bagi bayaran dengan cek, resit ini hanya sah setelah cek dijelaskan ke akaun PPUM. Cek peribadi tidak diterima.
Maklumat ini dikeluarkan oleh komputer dan tandatangan adalah tidak perlu.

Dicetak pada : 18/6/2024 3:53:37 PM

Dikeluarkan oleh : KIOSK PPUM-SSK-03 (KWKK)

BORANG SOAL SELIDIK KAJIAN KEPUASAN PELANGGAN

Tujuan kaji selidik ini dijalankan adalah untuk menilai kepuasan para pesakit terhadap perkhidmatan yang disediakan oleh PPUM. Justeru itu, sukacita tuan/puan dipohon untuk melengkapkan semua butiran Borang Soal Selidik Kajian Kepuasan Pesakit dengan mengimbas Kod QR seperti yang tertera. Semua maklumat adalah untuk kegunaan kajian ini sahaja.



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BK-FIN-037-E02

RESIT RASMI

No. Resit	: 202400264236	Tarikh	: 18/06/2024
No. Inbois	: 202400815372	RN	: 36895209
Nama Pesakit	: KOH [REDACTED]	No. KP	: 220917102071
Jumlah Bayaran	: RM 608.00	Kaedah Pembayaran	: American Express ()
Jenis Bayaran	: Resit	Nama Pembayar	: KOH [REDACTED]

Bagi bayaran dengan cek, resit ini hanya sah setelah cek dijelaskan ke akaun PPUM. Cek peribadi tidak diterima.
Maklumat ini dikeluarkan oleh komputer dan tandatangan adalah tidak perlu.

Dicetak pada : 18/6/2024 3:53:20 PM

Dikeluarkan oleh : KIOSK PPUM-SSK-03 (KWKK)

BORANG SOAL SELIDIK KAJIAN KEPUASAN PELANGGAN

Tujuan kaji selidik ini dijalankan adalah untuk menilai kepuasan para pesakit terhadap perkhidmatan yang disediakan oleh PPUM. Justeru itu, sukacita tuan/puan dipohon untuk melengkapkan semua butiran Borang Soal Selidik Kajian Kepuasan Pesakit dengan mengimbas Kod QR seperti yang tertera. Semua maklumat adalah untuk kegunaan kajian ini sahaja.





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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : Qayy [REDACTED]
Member NRIC : 1511 [REDACTED]
Member Package : STANDARD
Admission Date : 26/05/2023
Discharge Date : 30/05/2023
Hospital Name : HOSPITAL TUANKU JA'AFAR
Total Overnight Days : 4

Total Allowance (RM) : 200

We want to express our gratitude for choosing a government hospital for your medical treatment/surgery. As per our guideline in section 5.A (Eligible to Share), you are eligible for the Daily Cash Allowance benefit at a government hospital. We have confirmed that you stayed overnight for a total of 4 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM200.

Thank you once again for utilizing government hospital services, as it helps alleviate the sharing burden for the entire community. We sincerely appreciate your participation in our program and your care for our community.

Yours faithfully,
We Kongs
Kita Kongs Sdn Bhd



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FINAL GUARANTEE LETTER

To	KMI KUALA TERENGGANU MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HAZLAN	Date	27/05/2024 09:28:46 AM
Our Reference			
GL No.	24051711163483	FGL No.	DA24052709284595
Discharge Bill No.	090291	Admission Date	20/05/2024
Patient Name	AHMAD	Discharge Date	22/05/2024
Patient NRIC	1412	Length of Stay	2.50
Patient Member ID	1412	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	CHRONIC TONSILLITIS AND ADENOIDITIS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **090291** amounting **RM 11,697.50** dated **22/05/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 11,355.26** 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	71.50	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	270.74		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		342.24	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of
PMCare SDN BHD



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FINAL GUARANTEE LETTER

To	: ASSUNTA HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 10/06/2024 10:13:22 AM
Our Reference			
GL No.	: 24060307192658	FGL No.	: DA2406101013222
Discharge Bill No.	: 317942	Admission Date	: 03/06/2024
Patient Name	: SRITHA [REDACTED]	Discharge Date	: 06/06/2024
Patient NRIC	: 1606 [REDACTED]	Length of Stay	: 3.50
Patient Member ID	: 1606 [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 **317942** amounting **RM 4,707.25** dated **06/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,645.75** 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	61.50		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		61.50	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of
PMCARE SDN BHD

This is a computer-generated document. No signature is required.



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FINAL GUARANTEE LETTER

To	: KPJ KLANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 09/06/2024 11:43:54 AM
Our Reference			
GL No.	: 24060521395546	FGL No.	: DA24060911435435
Discharge Bill No.	: 565210	Admission Date	: 05/06/2024
Patient Name	: PUTERI [REDACTED]	Discharge Date	: 09/06/2024
Patient NRIC	: 1204 [REDACTED]	Length of Stay	: 4.00
Patient Member ID	: 1204 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: ACUTE BRONCHITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **565210** amounting **RM 7,653.40** dated **09/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,399.20** 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	254.20		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		254.20	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.



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



FINAL GUARANTEE LETTER

To	DARUL MAKMUR MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	M_ZAKI	Date	18/06/2024 12:20:15 PM
Our Reference			
GL No.	24061217225362	FGL No.	DA24061812201554
Discharge Bill No.	153609	Admission Date	11/06/2024
Patient Name	HUD B [REDACTED]	Discharge Date	15/06/2024
Patient NRIC	2305 [REDACTED]	Length of Stay	4.50
Patient Member ID	2305 [REDACTED]	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	ROTAVIRAL ENTERITIS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **153609** amounting **RM 8,858.65** dated **15/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,688.95** 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	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	169.70		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		169.70	
Total Amount to bear by hospital			0.00

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- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of
PMCare SDN BHD



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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
Date : 16/06/2024	



FINAL GUARANTEE LETTER

To	SRI KOTA MEDICAL CENTER		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HAZLAN	Date	16/06/2024 01:55:41 PM
Our Reference			
GL No.	2406131124299	FGL No.	DA24061613554171
Discharge Bill No.	INV24074689	Admission Date	13/06/2024
Patient Name	MUHAMMAD	Discharge Date	16/06/2024
Patient NRIC	1812	Length of Stay	3.00
Patient Member ID	1812	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	VIRAL INFECTION, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **INV24074689** amounting **RM 6,397.40** dated **16/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,280.30** 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	117.10		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		117.10	
Total Amount to bear by hospital			0.00

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- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.



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FINAL GUARANTEE LETTER

To	ORIENTAL MELAKA STRAITS MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HATIM	Date	26/06/2024 02:05:31 PM
Our Reference			
GL No.	24062001440159	FGL No.	DA24062614053263
Discharge Bill No.	348452-1	Admission Date	19/06/2024
Patient Name	AIREEN [REDACTED]	Discharge Date	25/06/2024
Patient NRIC	2212 [REDACTED]	Length of Stay	6.50
Patient Member ID	2212 [REDACTED]	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	OTHER VIRAL PNEUMONIA		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **348452-1** amounting **RM 8,305.55** dated **25/06/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,215.95** 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	0.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	89.60		
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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		89.60	
Total Amount to bear by hospital			0.00

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- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.