



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 APR 2024
Period : 7th Mar 2024 to 6th Apr 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
1554	1163	4	RM48,684.92

Total Medical Cost	RM48,684.92
Last Month Extra Shared	RM7.48
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	1163
Each Member Share (Before rounding)	RM41.8550
Each Member Share (After rounding)	RM41.86
Total Share	RM48,683.18
Extra bring to Next Month	RM5.74
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : Nur Ifxxxxxxx
Member NRIC : 0201xxxxxxx
Approved Amount : 6,528.17
Hospital Name : MSU Medical Centre
Diagnosis : Dengue fever [classical dengue] | Iron deficiency anemia
Admission Date : 18/01/2024
Discharge Date : 21/01/2024

Case 2

Member Name : Nur Syxxxxxxx
Member NRIC : 0203xxxxxxx
Approved Amount : 24,694.30
Hospital Name : CMH SPECIALIST HOSPITAL
Diagnosis : TEAR OF MENISCUS, CURRENT INJURY
Admission Date : 06/02/2024
Discharge Date : 09/02/2024

Case 3

Member Name : Abdul Mxxxxxxx
Member NRIC : 2202xxxxxxx
Approved Amount : 3,675.85
Hospital Name : CMH SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 10/02/2024
Discharge Date : 13/02/2024



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Case 4

Member Name : Muhammad FAxxxxxx
Member NRIC : 8308xxxxxxxx
Approved Amount : 13,786.60
Hospital Name : GLENEAGLES MEDINI HOSPITAL
Diagnosis : GASTRITIS, UNSPECIFIED
Admission Date : 05/02/2024
Discharge Date : 07/02/2024



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Supporting Documents



21/02/2024

MSU Medical Centre

TEL : +60 3 5526 2600

FAX NO :

ATTN : BILLING DEPT

C.C : AHMAD AZHAR BIN ABDUL RAHIM

Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT

PATIENT'S NAME:	NUR [REDACTED]	DATE OF ADMISSION:	18/01/2024
PATIENT'S ID:	0201 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	NUR [REDACTED]	CLAIM REF NO:	76382643
POLICY NO:	20230408464475	TREATING DOCTOR:	AHMAD AZHAR BIN ABDUL RAHIM

CONFIRMATION OF GUARANTEE

This is to confirm that we are providing the MEDICAL EXPENSES GUARANTEE for the above-mentioned patient to your Hospital / Medical Centre up to RM 6528.17 on behalf of KITA KONGSI SDN, BHD,(1492373D). This FGL will supersede all other types of guarantee letter previously issued for this admission.



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FINAL GUARANTEE LETTER

To	: CMH SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 16/02/2024 03:35:00 PM
Our Reference			
GL No.	: 24020615260883	FGL No.	: DA24021615350062
Discharge Bill No.	: 24020615260883	Admission Date	: 06/02/2024
Patient Name	: NUR SY [REDACTED]	Discharge Date	: 09/02/2024
Patient NRIC	: 0203 [REDACTED]	Length of Stay	: 3.50
Patient Member ID	: 0203 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: <u>TEAR OF MENISCUS, CURRENT INJURY</u>		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **24020615260883** amounting **RM 25,474.90** dated **09/02/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 24,694.30** 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	105.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	675.60		
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		780.60	
Total Amount to bear by hospital			0.00



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FINAL GUARANTEE LETTER

To	: CMH SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 17/02/2024 09:09:49 AM

Our Reference

GL No.	: 24021017114919	FGL No.	: DA24021709094930
Discharge Bill No.	: IP0062064	Admission Date	: 10/02/2024
Patient Name	: ABDUL MU [REDACTED]	Discharge Date	: 13/02/2024
Patient NRIC	: 2202 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 2202 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD	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 **IP0062064** amounting **RM 3,820.35** dated **13/02/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 3,675.85** 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	144.50		
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		144.50	
Total Amount to bear by hospital			0.00



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FINAL GUARANTEE LETTER

To	: GLENEAGLES MEDINI HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 07/02/2024 05:17:02 PM

Our Reference

GL No.	: 24020510140724	FGL No.	: DA24020717170298
Discharge Bill No.	: GMH24A0021434	Admission Date	: 05/02/2024
Patient Name	: MUHAMMAD FA [REDACTED]	Discharge Date	: 07/02/2024
Patient NRIC	: 8308 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 8308 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: GASTRITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **GMH24A0021434** amounting **RM 13,786.60** dated **07/02/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 13,786.60** 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		
Deductible	0.00		
Co - Insurance	0.00		
Total Amount to pay by patient		0.00	
Total Amount to bear by hospital			0.00