



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 JULY 2024

Period : 7th June 2024 to 6th July 2024

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
1625	1151	6	RM30,096.04

Total Medical Cost	RM30,096.04
Last Month Extra Shared	RM10.41
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1151
Each Member Share (Before rounding)	RM26.1386
Each Member Share (After rounding)	RM26.14
Total Share	RM30,084.14
Extra bring to Next Month	RM1.51
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MUHAMxxxxxxxx
Member NRIC : 1405xxxxxxxx
Approved Amount : 5,694.10
Hospital Name : HOSPITAL PENAWAR PASIR GUDANG
Diagnosis : DENGUE FEVER [CLASSICAL DENGUE]
Admission Date : 01/05/2024
Discharge Date : 04/05/2024

Case 2

Member Name : MUHAMxxxxxxxx
Member NRIC : 2206xxxxxxxx
Approved Amount : 3,234.10
Hospital Name : MSU MEDICAL CENTRE
Diagnosis : ACUTE TONSILLITIS, UNSPECIFIED
Admission Date : 13/05/2024
Discharge Date : 15/05/2024

Case 3

Member Name : MOHD Sxxxxxxxx
Member NRIC : 9005xxxxxxxx
Approved Amount : 2,515.30
Hospital Name : AURELIUS HOSPITAL NILAI
Diagnosis : SPRAIN OF CRUCIATE LIGAMENT OF KNEE
Admission Date : 02/05/2024
Discharge Date : 03/05/2024



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Case 4

Member Name : MUHAMxxxxxxxx
Member NRIC : 1306xxxxxxxx
Approved Amount : 5,844.94
Hospital Name : HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL
Diagnosis : DENGUE FEVER [CLASSICAL DENGUE]
Admission Date : 13/05/2024
Discharge Date : 18/05/2024

Case 5

Member Name : NATASHxxxxxxxx
Member NRIC : 0102xxxxxxxx
Approved Amount : 3,923.60
Hospital Name : ORIENTAL MELAKA STRAITS MEDICAL CENTRE
Diagnosis : NONSPECIFIC MESENTERIC LYMPHADENITIS
Admission Date : 25/05/2024
Discharge Date : 26/05/2024

Case 6

Member Name : MUHAMxxxxxxxx
Member NRIC : 1108xxxxxxxx
Approved Amount : 8,884.00
Hospital Name : KAJANG PLAZA MEDICAL CENTRE SDN BHD
Diagnosis : DENGUE FEVER [CLASSICAL DENGUE]
Admission Date : 19/05/2024
Discharge Date : 23/05/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: HOSPITAL PENAWAR PASIR GUDANG		
Attention	: Billing Department		
From	: PM CARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 08/05/2024 07:59:27 PM
Our Reference			
GL No.	: 24050121220070	FGL No.	: DA24050819592770
Discharge Bill No.	: NIL	Admission Date	: 01/05/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 04/05/2024
Patient NRIC	: 1405 [REDACTED]	Length of Stay	: 3.50
Patient Member ID	: 1405 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: DENGUE FEVER [CLASSICAL DENGUE]		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **NIL** amounting **RM 5,804.65** dated **05/05/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 5,694.10** 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	110.55		
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		110.55	
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
PM CARE SDN BHD



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FINAL GUARANTEE LETTER

To	MSU MEDICAL CENTRE		
Attention	Billing Department		
From	PMCARE SDN BHD		
Attending Officer	HAZLAN	Date	15/05/2024 06:04:10 PM
Our Reference			
GL No.	24051223361350	FGL No.	DA24051518041058
Discharge Bill No.	IP24-00001120	Admission Date	13/05/2024
Patient Name	MUHAMMAD ZAYDAN MIQAEYL BIN MOHD AZIZAN	Discharge Date	15/05/2024
Patient NRIC	2206 [REDACTED]	Length of Stay	2.00
Patient Member ID	2206 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	ACUTE TONSILLITIS, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **IP24-00001120** amounting **RM 3,420.58** dated **15/05/2024**, kindly be advised the payable amount by PMCARE Sdn Bhd is **RM 3,234.10** 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	186.48		
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		186.48	
Total Amount to bear by hospital			0.00

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FINAL GUARANTEE LETTER

To	: AURELIUS HOSPITAL NILAI		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: AZMIRAN	Date	: 14/05/2024 11:40:47 AM
Our Reference			
GL No.	: 24043019573938	FGL No.	: DA2405141140472
Discharge Bill No.	: 239180-1	Admission Date	: 02/05/2024
Patient Name	: MOHD SU [REDACTED]	Discharge Date	: 03/05/2024
Patient NRIC	: 9005 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 9005 [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 **239180-1** amounting **RM 2,692.85** dated **03/05/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 2,515.30** 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	177.55		
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		177.55	
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	: HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 18/05/2024 10:52:31 AM
Our Reference			
GL No.	: 24051319383178	FGL No.	: DA24051810523193
Discharge Bill No.	: 00066525	Admission Date	: 13/05/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 18/05/2024
Patient NRIC	: 1306 [REDACTED]	Length of Stay	: 5.50
Patient Member ID	: 1306 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: DENGUE FEVER [CLASSICAL DENGUE]		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **00066525** amounting **RM 6,033.94** dated **18/05/2024**, kindly be advised the payable amount by PMCARE Sdn Bhd is **RM 5,626.93** 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	264.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	143.01		
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		407.01	
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	PM CARE SDN BHD		
Attending Officer	M_ZAKI	Date	01/06/2024 06:18:46 PM
Our Reference			
GL No.	24052515352478	FGL No.	DA24060118184653
Discharge Bill No.	331343-1	Admission Date	25/05/2024
Patient Name	NATASHA [REDACTED]	Discharge Date	26/05/2024
Patient NRIC	0102 [REDACTED]	Length of Stay	1.00
Patient Member ID	0102 [REDACTED]	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	NONSPECIFIC MESENTERIC LYMPHADENITIS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **331343-1** amounting **RM 4,019.20** dated **26/05/2024**, kindly be advised the payable amount by PMCARE Sdn Bhd is **RM 3,923.60** 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	95.60		
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		95.60	
Total Amount to bear by hospital			0.00

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FINAL GUARANTEE LETTER

To	KAJANG PLAZA MEDICAL CENTRE SDN BHD		
Attention	Billing Department		
From	PMCARE SDN BHD		
Attending Officer	NOORBAZILAH	Date	24/05/2024 02:14:03 PM
Our Reference			
GL No.	2405191243529	FGL No.	DA24052414140392
Discharge Bill No.	615800	Admission Date	19/05/2024
Patient Name	MUHAMMAD [REDACTED]	Discharge Date	23/05/2024
Patient NRIC	1108 [REDACTED]	Length of Stay	4.00
Patient Member ID	1108 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	DENGUE FEVER [CLASSICAL DENGUE]		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **615800** amounting **RM 9,570.00** dated **23/05/2024**, kindly be advised the payable amount by PMCARE Sdn Bhd is **RM 8,884.00** 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	200.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	486.00		
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		686.00	
Total Amount to bear by hospital			0.00

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