



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 FEB 2024

Period : 7th Jan 2024 to 6th Feb 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
1618	886	5	RM4,447.05

Total Medical Cost	RM4,447.05
Last Month Extra Shared	RM5.66
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	886
Each Member Share (Before rounding)	RM5.0128
Each Member Share (After rounding)	RM5.02
Total Share	RM4,447.72
Extra bring to Next Month	RM6.33
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : DA1xxxxxxxxx
Member NRIC : 0308xxxxxxxx
Approved Amount : 3,612.05
Hospital Name : KMI Kelana Jaya Medical Centre
Diagnosis : Dehydration, Other specified viral hemorrhagic fevers
Admission Date : 15/01/2024
Discharge Date : 18/01/2024

Case 2

Member Name : MOHAMxxxxxxxxx
Member NRIC : 2201xxxxxxxx
Approved Amount : 220.00
Hospital Name : Hospital Sultanah Aminah
Diagnosis : Closed fracture
Admission Date : 06/08/2023
Discharge Date : 11/08/2023

Case 3

Member Name : NUR Axxxxxxxxx
Member NRIC : 0308xxxxxxxx
Approved Amount : 281.00
Hospital Name : Hospital Alor Gajah
Diagnosis : Pneumonia, unspecified
Admission Date : 10/09/2023
Discharge Date : 12/09/2023



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Case 4

Member Name : HUD Bxxxxxxxxx
Member NRIC : 2305xxxxxxxx
Approved Amount : 203.00
Hospital Name : Hospital Seberang Jaya
Diagnosis : Viral induced wheeze
Admission Date : 24/11/2023
Discharge Date : 26/11/2023

Case 5

Member Name : HUD Bxxxxxxxxx
Member NRIC : 2305xxxxxxxx
Approved Amount : 131.00
Hospital Name : Hospital Sungai Bakap
Diagnosis : Multtrigger wheeze & viral fever
Admission Date : 23/11/2023
Discharge Date : 24/11/2023



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Supporting Documents



18/01/2024

KMI Kelana Jaya Medical Centre

TEL : +60 3 7805 2111

FAX NO : +60 3 7806 3505

ATTN : BILLING DEPT

C.C : MOHAMMAD YOUSUF RATHOR

Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT

PATIENT'S NAME:	DAING [REDACTED]	DATE OF ADMISSION:	15/01/2024
PATIENT'S ID:	0308 [REDACTED]	ENTITLEMENT OF R&B:	RM 250.00 per day
INSURED NAME:	DAING [REDACTED]	CLAIM REF NO:	76381534
POLICY NO:	20230503146620	TREATING DOCTOR:	MOHAMMAD YOUSUF RATHOR

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 3612.05 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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Salinan Asal
2663256

KERAJAAN MALAYSIA
KEMENTERIAN KESIHATAN MALAYSIA
Resit Bayaran Hospital

HOSPITAL. SULTANAH AMINAH
JOHOR BAHRU
80100, JOHOR

No. Resit : 2663256
Tarikh : 12/08/2023
Masa : 13:56:27
Kod Akaun : 72119
Operator : HS07
No. Cagaran :

Nama Pesakit : MOHAMAD [REDACTED]

No. K/P : 9610 [REDACTED]
R/N : 2195455
No. Bil : 2367560 B
Cara Bayar : EFT (VISA)
No. Dokumen : 313796

Jumlah Dibayar : RM31.00
Keterangan Bayaran:
Bayaran Bil Kredit
Sales Draft : 0808806

Nama Pembayar:

MOHAMAD IZARUJIZHAN BIN MOHAMAD AZHAN
YSPK (8.15) 248 - 10 (SK. 6) Jd. 11/(25) 9/10/1991



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : Mohamad [REDACTED]
Member NRIC : 9610 [REDACTED]
Member Package : STANDARD
Admission Date : 06/08/2023
Discharge Date : 11/08/2023
Hospital Name : Hospital Sultanah Aminah
Total Overnight Days : 5

Total Allowance (RM) : 250

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 5 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM250.

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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KERAJAAN MALAYSIA
KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL ALOR GAJAH
Hospital Alor Gajah, 78000 Alor Gajah, 78000, Alor Gajah, Melaka
Tel: 06-5562333, Fax: 06-5567392

No. Bil: H2023 003642

Tarikh Bil: 12/09/2023

Tarikh Cetak: 12/09/2023

Maklumat Pesakit

Nama Pesakit
K/P / Passport
Alamat Pesakit

Nur Ad [REDACTED]
2201 [REDACTED]
Bb 236, Jalan Vista Belimbing,
14 Taman Vista Belimbing,
Durian Tunggal
Alor Gajah,
MELAKA

Nama Penjamin
No. K/P Penjamin
Maklumat Surat
Jaminan

Tarikh Masuk

10/09/2023 17 00

Hubungan dengan
Penjamin

Tarikh Keluar

12/09/2023 12 00

Kelayakan

: Warganegara (awam)

No. Pesakit
No. Akaun

756823

PERIHAL BAYARAN	KADAR KOS PERKHIDMATAN [RM] * UNIT	KOS PERKHIDMATAN [RM]	KADAR DICAJ [RM] * UNIT	AMAUN DICAJ	CATAN
CAJ WAD Kanak-Kanak (Kelas 3)	60 00/2	120 00	1 50/2	3 00	
CAJ RAWATAN KELAS 3 Kanak-Kanak	100 00/2	200 00	0 00/2	0 00	
MAKMAL Full Blood Count (FBC)	40 00/1	40 00	10 00/1	10 00	
Adenovirus Antigen, IFAT-NPA	60 00/1	60 00	7 00/1	7 00	

*JUMLAH KOS PERKHIDMATAN

420 00

JUMLAH AMAUN DICAJKAN

20 00

AMAUN DEPOSIT

0 00

AMAUN PENGECUALIAN/TIDAK DICAJ

0 00

AMAUN TUNGGAKAN

0 00

JUMLAH SUBSIDI KERAJAAN

400.00

AMAUN PERLU DIBAYAR

20.00

Ringgit Malaysia : Dua Puluh Sahaja

PERHATIAN



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : NUR A [REDACTED]
Member NRIC : 2201 [REDACTED]
Member Package : DELUXE
Admission Date : 10/09/2023
Discharge Date : 12/09/2023
Hospital Name : Hospital Alor Gajah
Total Overnight Days : 2

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 2 days, and your package falls under the DELUXE category. Accordingly, you are entitled to an allowance of RM100 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,
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HOSPITAL SEBERANG JAYA

Jalan Tun Hussein Onn, 13700 Prai, S. Perai (T). Tel: 04-3827333 Fax: 04-3982514

BIL HOSP
Salinan A:



Pmg Surat :

K/P Pmg Surat :

HUD B [REDACTED]
 2305 [REDACTED]
 NO 5 LKNG TASEK b
 TAMAN TASEK PERMAI
 14120 SEMPANG AMPAT PULAU PIKANG

Tarikh Masuk :

Tarikh Keluar : 26/11/2023

R/N : 26/11/2023

K/P Pesakit : 934609

No. Bil : 230515060197

Tarikh Bil : 962862B

No. Rujukan : 26/11/2023

Nama Pesakit :

HUD BIN MOHD ZAWZUD PERIHAI

RM

A/AWAN

CAJ WAD - KELAS 3

CAJ WAD PENGIRING

CAJ RAWATAN PRSAKIT DALAM - KELAS 3



RM 1.50 SEHARI X 2 HARI 3.00

RM 1.00 SEHARI X 2 HARI 2.00

YSPK (6.15)248 - 10 (SK. 6) (D. 11/25)19/10/1991

AMAUN DIKENAKAN

WANG CAGARAN

KOS PERKHIDMATAN 3.00

3.00

AMAUN PERLU DIBAYAR

.00

Sila lihat muka sebelah
 1 00 00



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : HUD B [REDACTED]
Member NRIC : 2305 [REDACTED]
Member Package : DELUXE
Admission Date : 24/11/2023
Discharge Date : 26/11/2023
Hospital Name : Hospital Seberang Jaya
Total Overnight Days : 2

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 2 days, and your package falls under the DELUXE category. Accordingly, you are entitled to an allowance of RM100 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.

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KERAJAAN MALAYSIA
KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL SUNGAI BAKAP

Tel : 04592-1223 Fax : 04587-191

No Bil : HSB/11972/23

Tarikh Bil : 24-11-2023

Tarikh Cetak : 24/11/2023

Maklumat Pesakit

Nama Pesakit : HUD B [REDACTED] Nama Penjamin : WARIS (Waris)
KP/Passport Pesakit : 2305 [REDACTED] No KP Penjamin :
Alamat Pesakit : NO 5 LRG TASEK 6 TMN TASEK PERMAI Maklumat Surat Jaminan : NO 5 LRG TASEK 6 TMN TASEK PERMAI
14120 SIMPANG AMPAT PULAU PINANG 14120 SIMPANG AMPAT PULAU PINANG
Tarikh Masuk : 23-11-2023 00:28:27 Hubungan dengan Penjamin : (Waris)
Tarikh Keluar : 24-11-2023 17:18:02
No Pesakit : HSB4104911-23
Kelayakan : Awam
Warganegara : MALAYSIA

PERIHAL BAYARAN	KADAR KGS SEBENAR / BIL. UNIT	KGS SEBENAR	KADAR DICAJ / BIL. UNIT	AMAUN DICAJ	CATATAN
CAJ WAD KAWAR-KAWAR (2) - Wad	160.00/2	320.00	1.50/2	3.00	
MAKMAL (Blood Urea Serum Electrolyte) (Creatinine)	20.00/1 35.00/1	20.00 35.00	2.00/1 2.00/1	2.00 2.00	
(FULL BLOOD COUNT) (Arterial Blood Gases)	40.00/1 100.00/1	40.00 100.00	2.00/1 12.00/1	2.00 12.00	
RADIOLOGI (X-Ray Chest)	60.00/1	60.00	0.60/1	0.60	
*JUMLAH KGS SEBENAR				575.00	
JUMLAH AMAUN DICAJKAN				31.00	
DEPOSIT				0.00	
AMAUN PENGUJUALAN/TIDAK DICAJ				0.00	
AMAUN TUNGGAKAN				0.00	
JUMLAH SUBSIDI KERAJAAN				544.00	
AMAUN PERLU DIBAYAR				31.00	

Ringgit Malaysia : Tiga Puluh Satu Sahaja

PERHATILAH

1. Pembayaran bil ini boleh dijelaskan di mana-mana kaunter Pendaftaran atau kaunter Hasil HOSPITAL SUNGAI BAKAP dengan membawa bil ini.
2. Pembayaran boleh dilakukan secara tunai, kad kredit atau kad debit.
3. Pembayaran boleh dilakukan melalui akaun bank.



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : HUD B [REDACTED]
Member NRIC : 2305 [REDACTED]
Member Package : DELUXE
Admission Date : 23/11/2023
Discharge Date : 24/11/2023
Hospital Name : Hospital Sungai Bakap
Total Overnight Days : 1

Total Allowance (RM) : 100

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 1 day, and your package falls under the DELUXE category. Accordingly, you are entitled to an allowance of RM100 per day, totaling RM100.

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Yours faithfully,
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