



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 JUN 2024

Period : 7th May 2024 to 6th Jun 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
1522	1153	4	RM34,644.74

Total Medical Cost	RM34,644.74
Last Month Extra Shared	RM7.50
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	1153
Each Member Share (Before rounding)	RM30.0409
Each Member Share (After rounding)	RM30.05
Total Share	RM34,647.65
Extra bring to Next Month	RM10.41
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MUHAMxxxxxxxx
Member NRIC : 9201xxxxxxxx
Approved Amount : 7,995.06
Hospital Name : COLUMBIA ASIA HOSPITAL PETALING JAYA
Diagnosis : FEVER, UNSPECIFIED
Admission Date : 10/03/2024
Discharge Date : 14/03/2024

Case 2

Member Name : HADIFxxxxxxxx
Member NRIC : 1906xxxxxxxx
Approved Amount : 3,981.70
Hospital Name : PANTAI HOSPITAL SUNGAI PETANI
Diagnosis : UNSPECIFIED INJURY OF FACE AND HEAD
Admission Date : 13/04/2024
Discharge Date : 14/03/2024

Case 3

Member Name : RIKxxxxxxxx
Member NRIC : 8104xxxxxxxx
Approved Amount : 13,548.18
Hospital Name : COLUMBIA ASIA HOSPITAL SETAPAK
Diagnosis : PNEUMONIA, UNSPECIFIED ORGANISM
Admission Date : 16/04/2024
Discharge Date : 21/04/2024



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Case 4

Member Name : MUHAMxxxxxxxx
Member NRIC : 1904xxxxxxxx
Approved Amount : 9,119.80
Hospital Name : REGENCY SPECIALIST HOSPITAL SDN BHD
Diagnosis : PILONIDAL CYST AND SINUS WITH ABSCESS
Admission Date : 01/04/2024
Discharge Date : 04/04/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL SUNGAI PETANI		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: AZMIRAN	Date	: 17/04/2024 11:23:41 AM
Our Reference			
GL No.	: 24041409591728	FGL No.	: DA24041711234111
Discharge Bill No.	: 2900275866	Admission Date	: 13/04/2024
Patient Name	: HADIF [REDACTED]	Discharge Date	: 14/04/2024
Patient NRIC	: 1906 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 1906 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: UNSPECIFIED INJURY OF FACE AND HEAD		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **2900275866** amounting **RM 3,981.70** dated **16/04/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 3,961.10** 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	20.60		
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		20.60	
Total Amount to bear by hospital			0.00



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AMENDED DISCHARGE ADVICE

The amended DA was done due to:

- Revised bill received from the hospital
- Revised DA computation by PMCare

Date : 25/04/2024



FINAL GUARANTEE LETTER

To	PANTAI HOSPITAL BATU PAHAT		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	MARIANA	Date	24/04/2024 10:19:05 AM
Our Reference			
GL No.	24042016515041	FGL No.	DA24042410190535
Discharge Bill No.	PHPB24IP04000613	Admission Date	20/04/2024
Patient Name	MUHAMMAD [REDACTED]	Discharge Date	21/04/2024
Patient NRIC	1904 [REDACTED]	Length of Stay	1.00
Patient Member ID	1904 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	OPEN WOUND OF UNSPECIFIED PART OF HEAD		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **PHPB24IP04000613** amounting **RM 9,176.80** dated **21/04/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 9,119.80** 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	57.00		
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		



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OPS / DA-GL-1

FORM MM-D

Discharge Advice

To	COLUMBIA ASIA HOSPITAL SETAPAK		
Attention	BILLING DEPARTMENT		
Fax / Phone No	0341459998	0341459999	No of pages (including this page) : 1
From	PMCARE SDN BHD		Phone : 603-8026 7799 Fax : 603-8023 3888
Attending Officer	ROHASLIZA		Authorised By : <input type="checkbox"/>
Date	21/04/2024 04:16:53 PM		Authorised Date :

Our Reference

GL No.	24041615214290	Discharge Advice No. :	2024042116165339
Discharge Bill No.	IPC-63733	Total Bill Amount :	RM13,891.85
Patient Name	RIKI [REDACTED]	Admission Date :	16/04/2024
		Discharge Date :	21/04/2024
Patient Member ID	8701 [REDACTED]	Plan Name :	WEKONGSI1
Company/Plan	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details :	HP(R&B250_1,000,000)
Final Diagnosis	PNEUMONIA, UNSPECIFIED ORGANISM		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **IPC-63733** dated **21/04/2024**, 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 RM343.67 from the patient.

Details of Excess :

Room & Board	=	RM0.00
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
CIPROBAY TH RM237.77, DIFLAM ANTIBACTERIAL TH RM5.4;INFUENZA A+B LAB TEST RM100.50	=	RM343.67
		RM343.67



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OPS / DA-GL-1

FORM MM-D

Discharge Advice

To	COLUMBIA ASIA HOSPITAL PETALING JAYA		
Attention	BILLING DEPARTMENT		
Fax / Phone No	0379499997	0379499999	No of pages (including this page) : 1
From	PM CARE SDN BHD		Phone : 603-8026 7799 Fax : 603-8023 3888
Attending Officer	MAZIRAH		Authorised By : <input type="checkbox"/>
Date	14/03/2024 12:05:51 PM		Authorised Date :

Our Reference

GL No.	24031011105725	Discharge Advice No. :	2024031412055171
Discharge Bill No.	IPC-31607	Total Bill Amount :	RM8,140.10
Patient Name	MUHAM [REDACTED]	Admission Date :	10/03/2024
		Discharge Date :	14/03/2024
Patient Member ID	K92010 [REDACTED]	Plan Name :	WEKONGSI1
Company/Plan	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details :	HP(R&B250_1,000,000)
Final Diagnosis	FEVER, UNSPECIFIED		

Remarks :

Dear Sir/Madam,

With reference to your discharge bill **IPC-31607** dated **14/03/2024**, 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 RM145.04 from the patient.

Details of Excess :

Room & Board	=	RM0.00
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
INFLUENZA TEST RM145.04	=	RM145.04
Total Excess	=	RM145.04