



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 APRIL 2025

Period : 7th March 2024 to 6th April 2025

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
2702	2057	6	RM46,710.09

Total Medical Cost	RM46,710.09
Last Month Extra Shared	RM0.99
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	2057
Each Member Share (Before rounding)	RM22.7073
Each Member Share (After rounding)	RM22.71
Total Share	RM46,714.47
Extra bring to Next Month	RM5.37
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : NUR AARAXXXXXXXXXX
Member NRIC : 2007XXXXXXXXXX
Approved Amount : 6,702.66
Hospital Name : KPJ RAWANG SPECIALIST HOSPITAL
Diagnosis : ROTAVIRAL ENTERITIS
Admission Date : 09/01/2025
Discharge Date : 12/01/2025

Case 2

Member Name : DAYANGKXXXXXXXXX
Member NRIC : 1102XXXXXXXXXX
Approved Amount : 15,408.05
Hospital Name : KMI KELANA JAYA MEDICAL CENTRE
Diagnosis : Acute Appendicitis
Admission Date : 13/01/2025
Discharge Date : 16/01/2025

Case 3

Member Name : ARIF MXXXXXXXXX
Member NRIC : 2403XXXXXXXXXX
Approved Amount : 6,775.75
Hospital Name : PANTAI HOSPITAL CHERAS
Diagnosis : DISEASE OF UPPER RESPIRATORY TRACT, UNSPECIFIED
Admission Date : 16/01/2025
Discharge Date : 20/01/2025



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Case 4

Member Name : YUSHANIxxxxxxx
Member NRIC : 9205xxxxxxx
Approved Amount : 6,714.75
Hospital Name : KPJ SRI MANJUNG SPECIALIST HOSPITAL
Diagnosis : CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS
Admission Date : 18/01/2025
Discharge Date : 20/01/2025

Case 5

Member Name : ZARINAXxxxxxx
Member NRIC : 7807xxxxxxx
Approved Amount : 6,214.80
Hospital Name : KPJ PUTERI SPECIALIST HOSPITAL (JOHOR)
Diagnosis : GASTRITIS, UNSPECIFIED
Admission Date : 21/01/2025
Discharge Date : 21/01/2025

Case 6

Member Name : KHALISxxxxxxx
Member NRIC : 1911xxxxxxx
Approved Amount : 4,894.08
Hospital Name : SALAM SENAWANG SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 24/01/2025
Discharge Date : 28/01/2025



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Supporting Documents



FINAL GUARANTEE LETTER

To	: KPJ RAWANG SPECIALIST HOSPITAL SDN BHD		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 12/01/2025 04:29:46 PM
Our Reference			
GL No.	: 25010914042021	FGL No.	: DA25011216294620
Discharge Bill No.	: 852596	Admission Date	: 09/01/2025
Patient Name	: NUR AARA [REDACTED]	Discharge Date	: 12/01/2025
Patient NRIC	: 2007 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 2007 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: ROTAVIRAL ENTERITIS		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **852596** amounting **RM 6,742.40** dated **12/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,702.66** 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	39.74		
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		



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FINAL GUARANTEE LETTER

To	: KELANA JAYA MEDICAL CENTRE SDN BHD		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: M_ZAKI	Date	: 16/01/2025 01:52:52 PM
Our Reference			
GL No.	: 25011316292083	FGL No.	: DA25011613525297
Discharge Bill No.	: 182553	Admission Date	: 13/01/2025
Patient Name	: DAYANGK [REDACTED]	Discharge Date	: 16/01/2025
Patient NRIC	: 1102 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 1102 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: Acute Appendicitis		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **182553** amounting **RM 15,408.05** dated **16/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 15,408.05** 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		



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FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL CHERAS		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: HATIM	Date	: 21/01/2025 07:06:04 PM
Our Reference			
GL No.	: 25011601413862	FGL No.	: DA25012119060463
Discharge Bill No.	: PHC25A0006939	Admission Date	: 16/01/2025
Patient Name	: ARIF [REDACTED]	Discharge Date	: 20/01/2025
Patient NRIC	: 2403 [REDACTED]	Length of Stay	: 4.50
Patient Member ID	: W240 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: DISEASE OF UPPER RESPIRATORY TRACT, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **PHC25A0006939** amounting **RM 6,851.85** dated **20/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,775.75** 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	76.10		
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		



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FINAL GUARANTEE LETTER

To	: SRI MANJUNG SPECIALIST CENTRE SDN BHD		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: AZMIRAN	Date	: 20/01/2025 11:52:39 AM
Our Reference			
GL No.	: 25011820243594	FGL No.	: DA25012011523943
Discharge Bill No.	: 149405	Admission Date	: 18/01/2025
Patient Name	: YUSH [REDACTED]	Discharge Date	: 20/01/2025
Patient NRIC	: 9205 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: W920 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **149405** amounting **RM 6,714.75** dated **20/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,714.75** 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	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		



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FINAL GUARANTEE LETTER

To	: KPJ PUTERI SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 21/01/2025 04:17:00 PM
Our Reference			
GL No.	: 2501201746436	FGL No.	: DA25012116170047
Discharge Bill No.	: 4022273	Admission Date	: 21/01/2025
Patient Name	: ZARI [REDACTED]	Discharge Date	: 21/01/2025
Patient NRIC	: 7807 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 7807 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: GASTRITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **4022273** amounting **RM 6,263.80** dated **21/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,214.80** 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	49.00		
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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To	: SENAWANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 28/01/2025 04:21:55 PM
Our Reference			
GL No.	: 2501241828316	FGL No.	: DA25012816215563
Discharge Bill No.	: IP632045	Admission Date	: 24/01/2025
Patient Name	: KHAL [REDACTED]	Discharge Date	: 28/01/2025
Patient NRIC	: 1911 [REDACTED]	Length of Stay	: 4.00
Patient Member ID	: 1911 [REDACTED]	Plan Name	: WEKONGSI2
Company	: 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 **IP632045** amounting **RM 5,022.90** dated **28/01/2025**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,894.08** 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	40.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	88.82		
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		