



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 NOV 2023**  
Period : 7<sup>th</sup> Oct 2023 to 6<sup>th</sup> Nov 2023

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
973	766	3	RM21,432.50

Total Medical Cost	RM21,432.50
Last Month Extra Shared	RM3.09
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	766
Each Member Share (Before rounding)	RM27.9759
Each Member Share (After rounding)	RM27.98
Total Share	RM21,432.68
Extra bring to Next Month	RM3.27
Unsettlement Cost to Carry Forward	RM0.00

**Case 1**

Member Name : EMBUNxxxxxxxxxxxx  
Member NRIC : 2210xxxxxxxx  
Approved Amount : 7,126.10  
Hospital Name : Gleneagles Hospital Medini Johor  
Diagnosis : Skin Infection - Impetigo  
Admission Date : 03/10/2023  
Discharge Date : 08/10/2023

**Case 2**

Member Name : ARISSxxxxxxxxxxxx  
Member NRIC : 1203xxxxxxxx  
Approved Amount : 7,905.70  
Hospital Name : Columbia Asia Hospital - Seremban  
Diagnosis : Acute Gastritis & Functional Constipation  
Admission Date : 05/10/2023  
Discharge Date : 10/10/2023

**Case 3**

Member Name : AKHMAxxxxxxxxxxxx  
Member NRIC : 7808xxxxxxxx  
Approved Amount : 6,400.70  
Hospital Name : KPJ Seremban Specialist Hospital  
Diagnosis : Internal Derangement Right Knee and Osteoarthritis  
Admission Date : 16/10/2023  
Discharge Date : 17/10/2023



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**Supporting Documents**



08/10/2023

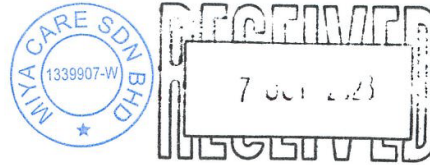
Gleneagles Hospital Medini Johor

TEL : +60 7 560 1000

FAX NO :

ATTN : BILLING DEPT

C.C : TEH SHEAU LOEI



Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT

PATIENT'S NAME:	FMBUN [REDACTED]	DATE OF ADMISSION:	03/10/2023
PATIENT'S ID:	2210 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	[REDACTED]	CLAIM REF NO:	76301069
POLICY NO:	IP012244-00	TREATING DOCTOR:	TEH SHEAU LOEI

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 7126.10 on behalf of KITA KONGSI SDN. BHD.(1492373D). This FGL will supersede all other types of guarantee letter previously issued for this admission.

ITEMS	GROSS INCURRED AMOUNT (RM)	EXPENSES PAYABLE (RM)	EXPENSES NOT PAYABLE (RM)
[REDACTED]			



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23/10/2023

Columbia Asia Hospital - Seremban

TEL : +60 6 603 3988 ext 5850

FAX NO : +60 6 601 1848

ATTN : BILLING DEPT

C.C : CHIN FOOK HIN

Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT(AMENDED)

PATIENT'S NAME:	ARISSA [REDACTED]	DATE OF ADMISSION:	05/10/2023
PATIENT'S ID:	1203 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	[REDACTED]	CLAIM REF NO:	76305073
POLICY NO:	IP050134-00	TREATING DOCTOR:	CHIN FOOK HIN

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 7905.70 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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17/10/2023

KPJ Seremban Specialist Hospital

TEL : +60 6 767 7800

FAX NO : +60 6 767 5900

ATTN : BILLING DEPT

C.C : WAN HAZMY BIN CHE HON

Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT

PATIENT'S NAME:	AKHMAF [REDACTED]	DATE OF ADMISSION:	16/10/2023
PATIENT'S ID:	78082 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	[REDACTED]	CLAIM REF NO:	76311993
POLICY NO:	IP055185-00	TREATING DOCTOR:	WAN HAZMY BIN CHE HON

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 6400.70 on behalf of KITA KONGSI SDN. BHD.(1492373D). This FGL will supersede all other types of guarantee letter previously issued for this admission.