



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 MAR 2024

Period : 7<sup>th</sup> Feb 2024 to 6<sup>th</sup> Mar 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
1618	1201	2	RM45,792.98

<b>Total Medical Cost</b>	RM45,792.98
<b>Last Month Extra Shared</b>	RM6.33
<b>Last Month Unsettlement Balance</b>	RM0.00
<b>Active Members <i>(Pass 90 days waiting period)</i></b>	886
<b>Each Member Share (Before rounding)</b>	RM38.1237
<b>Each Member Share (After rounding)</b>	RM38.13
<b>Total Share</b>	RM45,794.13
<b>Extra bring to Next Month</b>	RM7.48
<b>Unsettlement Cost to Carry Forward</b>	RM0.00

#### Case 1

Member Name : CHExxxxxxxxx  
Member NRIC : 9511xxxxxxxxx  
Approved Amount : 42,269.60  
Hospital Name : IIUM Medical Specialist Centre  
Diagnosis : Right Ankle Peroneal Tendon Dislocation  
Admission Date : 19/12/2023  
Discharge Date : 22/12/2023

#### Case 2

Member Name : NAJxxxxxxxxx  
Member NRIC : 2201xxxxxxxxx  
Approved Amount : 3523.38  
Hospital Name : Putra Specialist Hospital Melaka  
Diagnosis : Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement  
Admission Date : 26/01/2024  
Discharge Date : 28/01/2024



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### Supporting Documents



05/02/2024

IIUM Medical Specialist Centre

TEL : +60 13 981 0380

FAX NO :

ATTN : BILLING DEPT

C.C : MOHD ADHAM SHAH BIN AYEOP

Dear Sir/Madam/Ms,

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

PATIENT'S NAME:	CHE [REDACTED]	DATE OF ADMISSION:	19/12/2023
PATIENT'S ID:	9511 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	CHE [REDACTED]	CLAIM REF NO:	76347544
POLICY NO:	20230414479146	TREATING DOCTOR:	MOHD ADHAM SHAH BIN AYEOP

#### 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 42269.60 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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31/01/2024

Putra Specialist Hospital Melaka

ATTN : BILLING DEPT

C.C : HAMIZAN BIN YAACOB

TEL : +60 6 283 5888

FAX NO :

Dear Sir/Madam/Ms,

RE: FINAL GUARANTEE LETTER (FGL) – INPATIENT TREATMENT

PATIENT'S NAME:	NAJ [REDACTED]	DATE OF ADMISSION:	26/01/2024
PATIENT'S ID:	9905 [REDACTED]	ENTITLEMENT OF R&B:	RM 150.00 per day
INSURED NAME:	NAJ [REDACTED]	CLAIM REF NO:	76386772
POLICY NO:	20230502706498	TREATING DOCTOR:	HAMIZAN BIN YAACOB

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 3523,38 on behalf of KITA KONGSI SDN, BHD,(1492373D). This FGL will supersede all other types of guarantee letter previously issued for this admission.