



KITA KONGSI SDN BHD, C/O WEWORK
LEVEL 18, EQUATORIAL PLAZA, JALAN
SULTAN ISMAIL, 50250 KUALA LUMPUR
W.P. KUALA LUMPUR MALAYSIA.

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SHARING REPORT JANUARY 2025

Period : 7th December 2024 to 6th January 2025

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
2465	1679	17	RM67,004.41

Total Medical Cost	RM67,004.41
Last Month Extra Shared	RM1.21
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1679
Each Member Share (Before rounding)	RM39.9066
Each Member Share (After rounding)	RM39.91
Total Share	RM67,008.89
Extra bring to Next Month	RM5.69
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : ABDUL RAxxxxxxx
Member NRIC : 8711xxxxxxx
Approved Amount : 6,329.60
Hospital Name : KPJ PUTERI SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 01/09/2024
Discharge Date : 03/09/2024

Case 2

Member Name : KANAGESxxxxxxx
Member NRIC : 7808xxxxxxx
Approved Amount : 100.00
Hospital Name : HOSPITAL CANSELOR TUANKU MUHRIZ, PUSAT PERUBATAN UNIVERSITI KEBANGSAAN MALAYSIA
Diagnosis : Symptomatic anemia secondary to severe IDA
Admission Date : 10/09/2024
Discharge Date : 12/09/2024

Case 3

Member Name : SHAHRUDxxxxxxx
Member NRIC : 8303xxxxxxx
Approved Amount : 350.00
Hospital Name : CYBERJAYA HOSPITAL
Diagnosis : Closed Fracture Distal End Right Radius
Admission Date : 22/09/2024
Discharge Date : 29/09/2024



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Case 4

Member Name : MUHAMMxxxxxxx
Member NRIC : 2303xxxxxxx
Approved Amount : 6,697.66
Hospital Name : PUTRA SPECIALIST HOSPITAL (MELAKA) SDN BHD
Diagnosis : CUTANEOUS ABSCESS, FURUNCLE, AND CARBUNCLE OF OTHER SITES
Admission Date : 15/09/2024
Discharge Date : 17/09/2024

Case 5

Member Name : WAN MUHAxxxxxxx
Member NRIC : 9712xxxxxxx
Approved Amount : 7,103.24
Hospital Name : KPJ TAWAKKAL KL SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 17/09/2024
Discharge Date : 21/09/2024

Case 6

Member Name : DHIA ARYSxxxxxxx
Member NRIC : 2102xxxxxxx
Approved Amount : 1,845.70
Hospital Name : BORNEO SPECIALIST HOSPITAL SDN BHD (KUCHING)
Diagnosis : INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS
Admission Date : 19/09/2024
Discharge Date : 20/09/2024

Case 7

Member Name : INDRA AWxxxxxxx
Member NRIC : 2205xxxxxxx
Approved Amount : 4,674.58
Hospital Name : SENAWANG SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 20/09/2024
Discharge Date : 25/09/2024

Case 8

Member Name : NUR ARRIxxxxxxx
Member NRIC : 2305xxxxxxx
Approved Amount : 4,821.90
Hospital Name : PANTAI HOSPITAL AYER KEROH
Diagnosis : ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS
Admission Date : 24/09/2024
Discharge Date : 27/09/2024

Case 9

Member Name : KANAGESxxxxxxx
Member NRIC : 7808xxxxxxx
Approved Amount : 150.00
Hospital Name : HOSPITAL CANSELOR TUANKU MUHRIZ, PUSAT PERUBATAN UNIVERSITI KEBANGSAAN MALAYSIA
Diagnosis : Seborrheic dermatitis, Atopic dermatitis (papular variant), xerosis cutis



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Admission Date : 26/09/2024
Discharge Date : 27/09/2024

Case 10

Member Name : MUHAMMxxxxxxx
Member NRIC : 2202xxxxxxx
Approved Amount : 6,282.40
Hospital Name : CMH Specialist Hospital (formerly known as CMH Healthcare Sdn Bhd)
Diagnosis : BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM
Admission Date : 01/10/2024
Discharge Date : 04/10/2024

Case 11

Member Name : MUHAMMxxxxxxx
Member NRIC : 9506xxxxxxx
Approved Amount : 7,642.90
Hospital Name : KPJ SENTOSA KL SPECIALIST HOSPITAL
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 03/10/2024
Discharge Date : 08/10/2024

Case 12

Member Name : KOH CHxxxxxxx
Member NRIC : 2305xxxxxxx
Approved Amount : 4,821.90
Hospital Name : PANTAI HOSPITAL AYER KEROH
Diagnosis : ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS
Admission Date : 24/09/2024
Discharge Date : 27/09/2024

Case 13

Member Name : NUR ARRxxxxxxx
Member NRIC : 2209xxxxxxx
Approved Amount : 9,830.14
Hospital Name : SUNGAI LONG SPECIALIST HOSPITAL
Diagnosis : OPEN WOUND OF LIP AND ORAL CAVITY
Admission Date : 24/10/2024
Discharge Date : 26/10/2024

Case 14

Member Name : MOHD ROxxxxxxx
Member NRIC : 8212xxxxxxx
Approved Amount : 200
Hospital Name : HOSPITAL SULTANAH NUR ZAHIRAH
Diagnosis : Viral urti cover for atypical
Admission Date : 28/10/2024
Discharge Date : 30/10/2024

Case 15

Member Name : HUD BIN xxxxxxxx
Member NRIC : 2305xxxxxxx



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Approved Amount : 9,295.77
Hospital Name : KPJ PENANG SPECIALIST HOSPITAL
Diagnosis : ACUTE BRONCHIOLITIS, UNSPECIFIED
Admission Date : 05/11/2024
Discharge Date : 10/11/2024

Case 16

Member Name : LOGESON Axxxxxxx
Member NRIC : 7912xxxxxxx
Approved Amount : 1,495.65
Hospital Name : LAM WAH EE HOSPITAL
Diagnosis : OSTEOARTHRITIS OF KNEE, UNSPECIFIED
Admission Date : 08/11/2024
Discharge Date : 09/11/2024

Case 17

Member Name : MOHD REZZxxxxxxx
Member NRIC : 8703xxxxxxx
Approved Amount : 3,118.42
Hospital Name : COLUMBIA ASIA HOSPITAL SETAPAK
Diagnosis : GOUT, UNSPECIFIED
Admission Date : 20/11/2024
Discharge Date : 21/11/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: KPJ PUTERI SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 03/09/2024 12:25:43 PM
Our Reference			
GL No.	: 24090212004561	FGL No.	: DA24090312254328
Discharge Bill No.	: 3959721	Admission Date	: 01/09/2024
Patient Name	: ABDUL RA [REDACTED]	Discharge Date	: 03/09/2024
Patient NRIC	: 8711 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 8711 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **3959721** amounting **RM 3,590.65** dated **03/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 3,496.05** 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	94.60		
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		94.60	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of
PMCARE SDN BHD



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : KANA [REDACTED]
Member NRIC : 7808 [REDACTED]
Member Package : STANDARD
Admission Date : 10/09/2024
Discharge Date : 12/09/2024
Hospital Name : HOSPITAL CANSELOR TUANKU MUHRIZ, PUSAT PERUBATAN UNIVERSITI
KEBANGSAAN MALAYSIA
Total Overnight Days : 2

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 2 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM100.

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 Kongs
Kita Kongs Sdn Bhd



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : SHAHRI [REDACTED]
Member NRIC : 8303 [REDACTED]
Member Package : STANDARD
Admission Date : 22/09/2024
Discharge Date : 29/09/2024
Hospital Name : CYBERJAYA HOSPITAL
Total Overnight Days : 7

Total Allowance (RM) : 350

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 7 days, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM350.

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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FINAL GUARANTEE LETTER

To	PUTRA SPECIALIST HOSPITAL (MELAKA) SDN BHD		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	MAZIRAH	Date	18/09/2024 05:56:32 PM
Our Reference			
GL No.	24091520514137	FGL No.	DA24091817563340
Discharge Bill No.	IN-24011155-1	Admission Date	15/09/2024
Patient Name	MUHAMMAD [REDACTED]	Discharge Date	17/09/2024
Patient NRIC	2303 [REDACTED]	Length of Stay	1.50
Patient Member ID	2303 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE OF OTHER SITES		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **IN-24011155-1** amounting **RM 6,806.22** dated **17/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,697.66** 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	108.56		
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		108.56	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of
PMCare SDN BHD



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FINAL GUARANTEE LETTER

To	: KPJ TAWAKKAL KL SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: NOORBAZILAH	Date	: 26/09/2024 04:47:31 PM
Our Reference			
GL No.	: 24091812324477	FGL No.	: DA24092616473138
Discharge Bill No.	: 4560609	Admission Date	: 17/09/2024
Patient Name	: WAN MUI	Discharge Date	: 21/09/2024
Patient NRIC	: 9712	Length of Stay	: 4.00
Patient Member ID	: 9712	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 **4560609** amounting **RM 7,184.60** dated **21/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,103.24** 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	81.36		
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		81.36	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,
for and on behalf of



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FINAL GUARANTEE LETTER

To	BORNEO SPECIALIST HOSPITAL SDN BHD (KUCHING)		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HAZLAN	Date	20/09/2024 04:24:56 PM
Our Reference			
GL No.	24092014235010	FGL No.	DA24092016245621
Discharge Bill No.	1955346	Admission Date	19/09/2024
Patient Name	DHIA ARY [REDACTED]	Discharge Date	20/09/2024
Patient NRIC	2102 [REDACTED]	Length of Stay	1.00
Patient Member ID	2102 [REDACTED]	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **1955346** amounting **RM 1,992.40** dated **20/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 1,845.70** 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	146.70		
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		146.70	
Total Amount to bear by hospital			0.00

- PMCare reserves the right to revise this Medical Expenses Guarantee within 7 working days if it is discovered for non-covered items/treatment/diagnosis/procedures from the final bill. Please submit all the originals bills, details breakdown and other supporting document (s) within 7 working days from the discharge date to PMCare Sdn Bhd.
- Please provide us with a written explanation to justify the amount charged under Excess by provider, **NOT to be collected from patient** within 7 working days from the date of this letter. Failing which, the amount guaranteed above shall be final and remain unchanged.

Yours faithfully,



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FINAL GUARANTEE LETTER

To	: SENAWANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 25/09/2024 11:11:52 AM
Our Reference			
GL No.	: 24092021513110	FGL No.	: DA2409251111528
Discharge Bill No.	: IP616988	Admission Date	: 20/09/2024
Patient Name	: INDRA AV [REDACTED]	Discharge Date	: 25/09/2024
Patient NRIC	: 2205 [REDACTED]	Length of Stay	: 5.00
Patient Member ID	: 2205 [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 **IP616988** amounting **RM 4,919.00** dated **25/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,674.58** 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	204.42		
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 AYER KEROH		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: M_ZAKI	Date	: 27/09/2024 08:58:00 PM
Our Reference			
GL No.	: 24092418321610	FGL No.	: DA24092720580044
Discharge Bill No.	: 2600706820	Admission Date	: 24/09/2024
Patient Name	: NUR ARIS [REDACTED] RI	Discharge Date	: 27/09/2024
Patient NRIC	: 2305 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 2305 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **2600706820** amounting **RM 4,821.90** dated **27/09/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,821.90** 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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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : KANAGES [REDACTED]
Member NRIC : 7808 [REDACTED]
Member Package : STANDARD
Admission Date : 26/09/2024
Discharge Date : 27/09/2024
Hospital Name : HOSPITAL CANSELOR TUANKU MUHRIZ, PUSAT PERUBATAN UNIVERSITI
KEBANGSAAN MALAYSIA
Total Overnight Days : 1

Total Allowance (RM) : 50

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 STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM50.

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



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



FINAL GUARANTEE LETTER

To	: CMH SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 05/10/2024 12:16:20 PM
Our Reference			
GL No.	: 24100121542822	FGL No.	: DA24100512162019
Discharge Bill No.	: 24001036-1	Admission Date	: 01/10/2024
Patient Name	: MUHAMMA [REDACTED]	Discharge Date	: 04/10/2024
Patient NRIC	: 22022 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 22022 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **24001036-1** amounting **RM 6,557.40** dated **04/10/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,282.40** 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	275.00		
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 SENTOSA KL SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 08/10/2024 05:03:26 PM
Our Reference			
GL No.	: 24100320115876	FGL No.	: DA24100817032641
Discharge Bill No.	: 529113	Admission Date	: 03/10/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 08/10/2024
Patient NRIC	: 9506 [REDACTED]	Length of Stay	: 5.50
Patient Member ID	: 9506 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: TYPHOID FEVER, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **529113** amounting **RM 7,643.00** dated **08/10/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,642.90** 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	0.10		
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	: KPJ SENTOSA KL SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: HAZLAN	Date	: 08/10/2024 05:03:26 PM
Our Reference			
GL No.	: 24100320115876	FGL No.	: DA24100817032641
Discharge Bill No.	: 529113	Admission Date	: 03/10/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 08/10/2024
Patient NRIC	: 9506 [REDACTED]	Length of Stay	: 5.50
Patient Member ID	: 9506 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: TYPHOID FEVER, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **529113** amounting **RM 7,643.00** dated **08/10/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,642.90** 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	0.10		
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	: SUNGAI LONG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 29/10/2024 06:33:43 PM
Our Reference			
GL No.	: 2410250054345	FGL No.	: DA24102918334380
Discharge Bill No.	: 110370	Admission Date	: 24/10/2024
Patient Name	: KOH CHE [REDACTED]	Discharge Date	: 26/10/2024
Patient NRIC	: 2209 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 2209 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: OPEN WOUND OF LIP AND ORAL CAVITY		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **110370** amounting **RM 9,934.64** dated **26/10/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 9,830.14** 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	104.50		
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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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : MOHD R [REDACTED]
Member NRIC : 8212 [REDACTED]
Member Package : DELUXE
Admission Date : 28/10/2024
Discharge Date : 30/10/2024
Hospital Name : HOSPITAL SULTANAH NUR ZAHIRAH
Total Overnight Days : 2

Total Allowance (RM) : 20

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 day, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM10 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,
We Kongsi
Kita Kongsi Sdn Bhd



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FINAL GUARANTEE LETTER

To	: KPJ PENANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: NOR_AZIRA	Date	: 10/11/2024 01:14:33 PM
Our Reference			
GL No.	: 24110517194180	FGL No.	: DA24111013143476
Discharge Bill No.	: 1933850	Admission Date	: 05/11/2024
Patient Name	: HUD BIN [REDACTED]	Discharge Date	: 10/11/2024
Patient NRIC	: 2305 [REDACTED]	Length of Stay	: 5.00
Patient Member ID	: 2305 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ACUTE BRONCHIOLITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **1933850** amounting **RM 9,353.55** dated **10/11/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 9,295.77** 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	57.78		
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	: LAM WAH EE HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 02/12/2024 05:42:20 PM
Our Reference			
GL No.	: 24110809474521	FGL No.	: DA24120217422065
Discharge Bill No.	: IPD24206622	Admission Date	: 08/11/2024
Patient Name	: LOGESON [REDACTED]	Discharge Date	: 09/11/2024
Patient NRIC	: 7912 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 7912 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: OSTEOARTHRITIS OF KNEE, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **IPD24206622** amounting **RM 1,555.65** dated **09/11/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 1,495.65** 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	60.00		
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	MAZIRAH		Authorised By : <input type="checkbox"/>
Date	21/11/2024 03:09:46 PM		Authorised Date :

Our Reference

GL No.	24112002590352	Discharge Advice No. :	2024112115094640
Discharge Bill No.	IPC-68869	Total Bill Amount :	RM3,217.90
Patient Name	MOHD REZ [REDACTED]	Admission Date :	20/11/2024
		Discharge Date :	21/11/2024
Patient Member ID	8703 [REDACTED]	Plan Name :	WEKONGSI1
Company/Plan	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details :	HP(R&B250_1,000,000)
Final Diagnosis	GOUT, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **IPC-68869** dated **21/11/2024**, 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 RM99.48 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
CONTROLOC TAB RM42.06, ARCOXIA TAB RM52.20, PRENISOLONE TAB RM5.22	=	RM99.48
Total Excess	=	RM99.48