



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 MAY 2024

Period : 7th Apr 2024 to 6th May 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
1460	1062	5	RM43,623.76

Total Medical Cost	RM43,623.76
Last Month Extra Shared	RM5.74
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	1062
Each Member Share (Before rounding)	RM41.0715
Each Member Share (After rounding)	RM41.08
Total Share	RM43,626.96
Extra bring to Next Month	RM8.94
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MARxxxxxxx
Member NRIC : 9206xxxxxxx
Approved Amount : 10,470.18
Hospital Name : MSU Medical Centre
Diagnosis : ACUTE TONSILLITIS, UNSPECIFIED
Admission Date : 20/02/2024
Discharge Date : 22/02/2024

Case 2

Member Name : NUR Izxxxxxxx
Member NRIC : 1305xxxxxxx
Approved Amount : 9,972.03
Hospital Name : HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL
Diagnosis : ACUTE TONSILLITIS, UNSPECIFIED
Admission Date : 13/03/2024
Discharge Date : 15/03/2024

Case 3

Member Name : WANxxxxxxx
Member NRIC : 8104xxxxxxx
Approved Amount : 4,894.35
Hospital Name : AURELIUS HOSPITAL NILAI
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 26/03/2024
Discharge Date : 28/03/2024



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Case 4

Member Name : JOSxxxxxxxx
Member NRIC : 0505xxxxxxxx
Approved Amount : 14,433.71
Hospital Name : REGENCY SPECIALIST HOSPITAL SDN BHD
Diagnosis : PILONIDAL CYST AND SINUS WITH ABSCESS
Admission Date : 01/04/2024
Discharge Date : 04/04/2024

Case 5

Member Name : AHMADxxxxxxxx
Member NRIC : 8104xxxxxxxx
Approved Amount : 3,653.49
Hospital Name : KMI KUALA TERENGGANU MEDICAL CENTRE
Diagnosis : ACUTE TONSILLITIS, UNSPECIFIED
Admission Date : 14/04/2024
Discharge Date : 16/04/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	MSU MEDICAL CENTRE		
Attention	Billing Department		
From	PM CARE SDN BHD		
Attending Officer	M_AMIR	Date	29/02/2024 08:00:22 PM

Our Reference

GL No.	24022013090276	FGL No.	DA24022920002276
Discharge Bill No.	IP24-00000175	Admission Date	20/02/2024
Patient Name	MARZ [REDACTED]	Discharge Date	22/02/2024
Patient NRIC	9206 [REDACTED]	Length of Stay	2.00
Patient Member ID	9206 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	ACUTE TONSILLITIS, UNSPECIFIED		

Remarks :

Dear Sir/Madam,

With reference to your discharge bill **IP24-00000175** amounting **RM 10,742.24** dated **22/02/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 10,470.18** 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	272.06		
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		272.06	
Total Amount to bear by hospital			0.00



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FINAL GUARANTEE LETTER

To	: HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PM CARE SDN BHD		
Attending Officer	: LINDA_A	Date	: 15/03/2024 11:56:09 AM
Our Reference			
GL No.	: 24030920212998	FGL No.	: DA24031511560937
Discharge Bill No.	: 00037513	Admission Date	: 13/03/2024
Patient Name	: NUR I [REDACTED]	Discharge Date	: 15/03/2024
Patient NRIC	: 1305 [REDACTED]	Length of Stay	: 2.50
Patient Member ID	: 1305 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: ACUTE TONSILLITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **00037513** amounting **RM 10,289.68** dated **15/03/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 9,972.03** 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	120.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	197.65		
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		317.65	
Total Amount to bear by hospital			0.00



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FINAL GUARANTEE LETTER

To	: AURELIUS HOSPITAL NILAI		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 04/04/2024 02:25:06 PM
Our Reference			
GL No.	: 24032615494510	FGL No.	: DA2404041425066
Discharge Bill No.	: 235852-1	Admission Date	: 26/03/2024
Patient Name	: WAN S [REDACTED]	Discharge Date	: 28/03/2024
Patient NRIC	: 8104 [REDACTED]	Length of Stay	: 2.50
Patient Member ID	: 8104 [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 235852-1 amounting **RM 5,097.05** dated **28/03/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,894.35** 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	202.70		
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		202.70	
Total Amount to bear by hospital			0.00



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FINAL GUARANTEE LETTER

To	: REGENCY SPECIALIST HOSPITAL SDN BHD		
Attention	: Billing Department		
From	: PMCare SDN BHD		
Attending Officer	: NOORBAZILAH	Date	: 06/04/2024 04:35:41 PM
Our Reference			
GL No.	: 2404011513258	FGL No.	: DA24040616354127
Discharge Bill No.	: 2406892	Admission Date	: 01/04/2024
Patient Name	: JOSEPH [REDACTED]	Discharge Date	: 04/04/2024
Patient NRIC	: 0505 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 0505 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: PILONIDAL CYST AND SINUS WITH ABSCESS		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **2406892** amounting **RM 14,919.50** dated **04/04/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 14,633.71** 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	285.79		
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		285.79	
Total Amount to bear by hospital			0.00



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AMENDED DISCHARGE ADVICE	
The amended DA was done due to:	
<input checked="" type="checkbox"/>	Revised bill received from the hospital
<input type="checkbox"/>	Revised DA computation by PMCare
Date : 21/04/2024	



FINAL GUARANTEE LETTER

To	KMI KUALA TERENGGANU MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HAZLAN	Date	16/04/2024 04:24:22 PM
Our Reference			
GL No.	24041417340646	FGL No.	DA24041616242253
Discharge Bill No.	090291	Admission Date	14/04/2024
Patient Name	AHMA [REDACTED]	Discharge Date	16/04/2024
Patient NRIC	1412 [REDACTED]	Length of Stay	2.50
Patient Member ID	1412 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	ACUTE TONSILLITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **090291** amounting **RM 3,806.35** dated **16/04/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 3,653.49** 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	52.50	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	100.36		
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		152.86	
Total Amount to bear by hospital			0.00