



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 January 2024 to 6th February 2025

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
2704	1930	15	RM84,479.65

Total Medical Cost	RM84,479.65
Last Month Extra Shared	RM4.54
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1930
Each Member Share (Before rounding)	RM43.7694
Each Member Share (After rounding)	RM43.77
Total Share	RM84,476.10
Extra bring to Next Month	RM0.99
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MUHAMMADxxxxxxx
Member NRIC : 8905xxxxxxx
Approved Amount : 26,621.43
Hospital Name : ORIENTAL MELAKA STRAITS MEDICAL CENTRE
Diagnosis : FRACTURE OF CLAVICLE
Admission Date : 25/11/2024
Discharge Date : 28/11/2024

Case 2

Member Name : QASDIYYxxxxxxx
Member NRIC : 2312xxxxxxx
Approved Amount : 8,709.83
Hospital Name : HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL
Diagnosis : ADENOVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE
Admission Date : 26/11/2024
Discharge Date : 02/12/2024

Case 3

Member Name : LOGESOxxxxxxx
Member NRIC : 7912xxxxxxx
Approved Amount : 8,153.90
Hospital Name : LAM WAH EE HOSPITAL
Diagnosis : UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
Admission Date : 29/11/2024
Discharge Date : 07/12/2024



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Case 4

Member Name : MUHAMMAxxxxxxx
Member NRIC : 2202xxxxxxx
Approved Amount : 4,779.60
Hospital Name : CMH Specialist Hospital (formerly known as CMH Healthcare Sdn Bhd)
Diagnosis : INFLUENZA DUE TO IDENTIFIED INFLUENZA VIRUS
Admission Date : 30/11/2024
Discharge Date : 03/12/2024

Case 5

Member Name : NUREQMAxxxxxxx
Member NRIC : 1212xxxxxxx
Approved Amount : 1,516.25
Hospital Name : KPJ PUTERI SPECIALIST HOSPITAL (JOHOR)
Diagnosis : FOREIGN BODY IN LEFT EAR
Admission Date : 02/12/2024
Discharge Date : 03/12/2024

Case 6

Member Name : MOHD SHAxxxxxxx
Member NRIC : 8401xxxxxxx
Approved Amount : 4,277.09
Hospital Name : HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL
Diagnosis : GANGLION
Admission Date : 02/12/2024
Discharge Date : 02/12/2024

Case 7

Member Name : AHMAD FIRxxxxxxx
Member NRIC : 8409xxxxxxx
Approved Amount : 400.00
Hospital Name : HOSPITAL TENGKU AMPUAN RAHIMAH
Diagnosis : DENGUE FEVER
Admission Date : 07/12/2024
Discharge Date : 11/12/2024

Case 8

Member Name : NOR AINxxxxxxx
Member NRIC : 8703xxxxxxx
Approved Amount : 3,385.30
Hospital Name : HOSPITAL UMRA
Diagnosis : UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION
Admission Date : 08/12/2024
Discharge Date : 11/12/2024

Case 9

Member Name : MUHAMMAxxxxxxx
Member NRIC : 1610xxxxxxx
Approved Amount : 100.00
Hospital Name : HOSPITAL MELAKA



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Diagnosis : MODERATE AEBA SECONDARY TO PNEUMONIA WITH NEWLY DIGNOSED MILD PERSISTENT BROCHIAL
ASTHMA
Admission Date : 11/12/2024
Discharge Date : 13/12/2024

Case 10

Member Name : MUHAMMAxxxxxxx
Member NRIC : 9408xxxxxxx
Approved Amount : 7,184.10
Hospital Name : PANTAI HOSPITAL PENANG
Diagnosis : UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER
Admission Date : 18/12/2024
Discharge Date : 21/12/2024

Case 11

Member Name : MUHAMMAxxxxxxx
Member NRIC : 0011xxxxxxx
Approved Amount : 1,075.00
Hospital Name : HOSPITAL MELAKA
Diagnosis : ACUTE SYMPTOMATIC SEIZURE SECONDARY TO PRESUMED MENINGOENCEPHALITIS
Admission Date : 22/12/2024
Discharge Date : 04/01/2025

Case 12

Member Name : JAYDEN Mxxxxxxx
Member NRIC : 1912xxxxxxx
Approved Amount : 7,860.40
Hospital Name : ARA DAMANSARA MEDICAL CENTRE
Diagnosis : ACUTE BRONCHITIS, UNSPECIFIED
Admission Date : 26/12/2024
Discharge Date : 29/12/2024

Case 13

Member Name : UWAIS ALxxxxxxx
Member NRIC : 2010xxxxxxx
Approved Amount : 7,932.30
Hospital Name : KPJ KLANG SPECIALIST HOSPITAL
Diagnosis : BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM
Admission Date : 26/12/2024
Discharge Date : 29/12/2024

Case 14

Member Name : KONG EUxxxxxxx
Member NRIC : 2107xxxxxxx
Approved Amount : 2,239.95
Hospital Name : HOSPITAL SERI BOTANI
Diagnosis : INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
Admission Date : 27/12/2024
Discharge Date : 28/12/2024



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Case 15

Member Name : MUHAMMAxxxxxxx
Member NRIC : 1510xxxxxxx
Approved Amount : 244.50
Hospital Name : HOSPITAL TENGKU AMPUAN RAHIMAH
Diagnosis : DENGUE FEVER
Admission Date : 26/01/2024
Discharge Date : 28/01/2024



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Supporting Documents

AMENDED DISCHARGE ADVICE	
The amended DA was done due to:	
<input type="checkbox"/>	Revised bill received from the hospital
<input checked="" type="checkbox"/>	Revised DA computation by PMCare
Date : 29/11/2024	



FINAL GUARANTEE LETTER

To	ORIENTAL MELAKA STRAITS MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	HATIM	Date	28/11/2024 06:07:07 PM
Our Reference			
GL No.	24112612260365	FGL No.	DA24112818070776
Discharge Bill No.	383989-1	Admission Date	25/11/2024
Patient Name	MUHAMMAD [REDACTED]	Discharge Date	28/11/2024
Patient NRIC	8905 [REDACTED]	Length of Stay	3.50
Patient Member ID	8905 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	FRACTURE OF CLAVICLE		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **383989-1** amounting **RM 26,637.93** dated **28/11/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 26,621.43** 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	16.50		
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-Payment	0.00		



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FINAL GUARANTEE LETTER

To	: HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_ZAKI	Date	: 02/12/2024 12:27:34 PM
Our Reference			
GL No.	: 24112618354291	FGL No.	: DA24120212273426
Discharge Bill No.	: B24-00105700/I24-00167952	Admission Date	: 26/11/2024
Patient Name	: QASDIYYAH [REDACTED]	Discharge Date	: 02/12/2024
Patient NRIC	: 2312 [REDACTED]	Length of Stay	: 6.50
Patient Member ID	: 2312 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: ADENOVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **B24-00105700/I24-00167952** amounting **RM 9,013.66** dated **02/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,709.83** 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	232.50	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	71.33		
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	: 09/12/2024 07:28:20 PM
Our Reference			
GL No.	: 24112719045363	FGL No.	: DA24120919282029
Discharge Bill No.	: IPD24208630	Admission Date	: 29/11/2024
Patient Name	: LOGESON P [REDACTED]	Discharge Date	: 07/12/2024
Patient NRIC	: 7912 [REDACTED]	Length of Stay	: 8.00
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	: UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **IPD24208630** amounting **RM 8,186.90** dated **09/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,153.90** 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	33.00		
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	: CMH SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 04/12/2024 03:07:07 PM
Our Reference			
GL No.	: 24120100254629	FGL No.	: DA24120415070779
Discharge Bill No.	: 24001036	Admission Date	: 30/11/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 03/12/2024
Patient NRIC	: 2202 [REDACTED]	Length of Stay	: 4.00
Patient Member ID	: 2202 [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 influenza virus		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **24001036** amounting **RM 4,798.40** dated **03/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,779.60** 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	18.80		
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	: AZMIRAN	Date	: 03/12/2024 05:22:40 PM
Our Reference			
GL No.	: 24120310341818	FGL No.	: DA24120317224027
Discharge Bill No.	: 4000357	Admission Date	: 02/12/2024
Patient Name	: NUREQMAL [REDACTED]	Discharge Date	: 03/12/2024
Patient NRIC	: 1212 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 1212 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: FOREIGN BODY IN LEFT EAR		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **4000357** amounting **RM 1,516.25** dated **03/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 1,516.25** 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	: HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 02/12/2024 07:15:33 PM
Our Reference			
GL No.	: 24120208312294	FGL No.	: DA24120219153333
Discharge Bill No.	: B24-00105929/I24-00168312	Admission Date	: 02/12/2024
Patient Name	: MOHD SHA [REDACTED]	Discharge Date	: 02/12/2024
Patient NRIC	: 8401 [REDACTED]	Length of Stay	: 1.00
Patient Member ID	: 8401 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: GANGLION		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **B24-00105929/I24-00168312** amounting **RM 4,277.09** dated **02/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 4,277.09** 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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KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL TENGKU AMPUAN RAHIMAH

DISCHARGE NOTE

1. NAME: AHMAD [REDACTED]	2. RN: 2363901	3. MRN:	4. IC NO: 8409 [REDACTED]
5. SEX: male	6. AGE: 40	7. WARD: 6F	
8. DATE OF ADMISSION: 7/12/24		9. DATE OF DISCHARGE: 11/12/24	
10. FINAL DIAGNOSIS: Dengue Fever			
11. NOTES FOR FOLLOW UP, IF ANY: 1) TCA KK x2/52 to repeat CBC, LFT, AST. 2) TCA MOPD x5/12 3) USG HBS outpatient 4) MC H11 Friday (13/12/24) 5) @ 2 LA mg504 1/1 BD x1/52 C Tramadol 50mg PRN x3/4			

12. Signature :

Name of Medical Officer :

Official Stamp :

Date :

DR JESSLYN AMANTHA RAJAH
Pegawai Perubatan
11/12/24

DR DANIEL YEAP TZE WEI
PEGAUAI PERUBATAN UD43
MMC 86910
HOSPITAL TENGKU AMPUAN RAHIMAH

WAD 6F
PERUBATAN HTAR
KLANG

- Discharge Note perlu dilengkapkan oleh Pegawai Perubatan / Pakar Perubatan sahaja
- Sila lengkapkan dalam 2 salinan / satu salinan diserahkan kepada pesakit dan satu salinan dimasukkan ke dalam rekod perubatan pesakit
- Sila bawa bersama Discharge Note semasa rawatan susulan
- Nota ini bukan untuk kegunaan mahkamah dan sebarang tuntutan insuran



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FINAL GUARANTEE LETTER

To	: HOSPITAL UMRA		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 14/12/2024 12:08:22 PM
Our Reference			
GL No.	: 24120914155616	FGL No.	: DA24121412082236
Discharge Bill No.	: INVIP18729	Admission Date	: 08/12/2024
Patient Name	: NOR AIN	Discharge Date	: 11/12/2024
Patient NRIC	: 8703	Length of Stay	: .00
Patient Member ID	: 8703	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **INVIP18729** amounting **RM 3,435.30** dated **11/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 3,385.30** 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	50.00		
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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MED 75/Pindaan /2010

DISCHARGE NOTE

HOSPITAL : HOSPITAL MELAKA

1. NAME: MUHAMMAD [REDACTED]	2. RN : 99228	3. MRN : HM69569	4. IC NO : 1610 [REDACTED]
5. SEX : Male	6. AGE : 8 yrs 1 mths 21 days	7. WARD : HM WAD 1-4	
8. DATE OF ADMISSION : 11/12/2024 06:28 PM	9. DATE OF DISCHARGE : 13/12/2024 01:36 PM DISCHARGE HOME		
10. FINAL DIAGNOSIS : MODERATE AEBB SECONDARY TO PNEUMONIA WITH NEWLY DIGNOSED MILD PERSISTENT BROCHIAL ASTHMA			
11. NOTES FOR FOLLOW-UP, IF ANY : ALLOW DISCHARGE TCA KK WITH ASTHMA DAIRY . KIV ADD ON BUDESONIDE IF SUGGESTIVE PERSISTENT ASTHMA DISCHARGE WITH T.PREDNISOLONE 25 MG OD FOR 1 DAY (TO COMPLETE 3 DAYS) . SYRUP AZITHROMYCIN 175 MG OD FOR 3 DAYS (TOTAL 5 DAYS), SYRUP PCM 350MG PRN 3/7 , MDI SALBUTAMOL 200MCG 4 HRLY FOR 3 DAYS THEN PRN T. LORATADINE 5MG OD FOR 2/52			

12.

Signature :

Name of Medical Officer :

Dr. Tye Ma Ying
Pegawai Perubatan UD&T
No. MPM Sijilantara: 100754
Hospital Melaka

Official Stamp :

Date :

13/12/2024 1.37 PM

*RN : Encounter Number MRN : Medical Record Number

Sila bawa 'Discharge Note' semasa susulan rawatan
Nota ini bukan untuk kegunaan Mahkamah



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FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL PENANG		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: NOORBAZILAH	Date	: 24/01/2025 12:14:59 PM
Our Reference			
GL No.	: 24121814382310	FGL No.	: DA25012412145953
Discharge Bill No.	: PHP24IP12000837	Admission Date	: 18/12/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 21/12/2024
Patient NRIC	: 9408 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 9408 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **PHP24IP12000837** amounting **RM 7,361.40** dated **22/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,184.10** 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	177.30		
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		



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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MED 75/Pindaan /2010

DISCHARGE NOTE

HOSPITAL : HOSPITAL MELAKA

1. NAME: MUHAMMAD [REDACTED]	2. RN : 101271	3. MRN : HM70804	4. IC NO : 001 [REDACTED]
5. SEX : Male	6. AGE : 24 yrs	7. WARD : HM WAD A1	
8. DATE OF ADMISSION : 22/12/2024 08:21 AM	9. DATE OF DISCHARGE : 04/01/2025 02:03 PM DISCHARGE HOME		
10. FINAL DIAGNOSIS : ACUTE SYMPTOMATIC SEIZURE SECONDARY TO PRESUMED MENINGOENCEPHALITIS			
11. NOTES FOR FOLLOW-UP, IF ANY : 1. TCA SCC 4/12 WITH REPEATED BLOOD FBC RP LFT TO ASSESS COGNITIVE FUNCTION ANY FITTING IF WELL DISCHARGE2. MC TILL MONDAY NEXT WEEK TCA SCC 4/12 -			

12.

Signature :

Name of Medical Officer :

Official Stamp :

Date :

04/01/2025 5.03 PM

*RN : Encounter Number MRN : Medical Record Number

Sila bawa 'Discharge Note' semasa susulan rawatan
Nota ini bukan untuk kegunaan Mahkamah



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OPS / DA-GL-1

FORM MM-D

Discharge Advice

To	ARA DAMANSARA MEDICAL CENTRE SDN BHD		
Attention	BILLING DEPARTMENT		
Fax / Phone No	0378399969	0356391212	No of pages (including this page) : 1
From	PMCARE SDN BHD	Phone : 603-8026 7799	Fax : 603-8023 3888
Attending Officer	NUR.HASLINA	Authorised By	: <input type="checkbox"/>
Date	29/12/2024 11:42:02 AM	Authorised Date	:

Our Reference

GL No.	24122606075470	Discharge Advice No. :	2024122911420225
Discharge Bill No.	AD-IP 10042000	Total Bill Amount	: RM7,964.90
Patient Name	JAYDEN [REDACTED]	Admission Date	: 26/12/2024
		Discharge Date	: 29/12/2024
Patient Member ID	1912 [REDACTED]	Plan Name	: WEKONGSI1
Company/Plan	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	ACUTE BRONCHITIS, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **AD-IP 10042000** dated **29/12/2024**, 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 RM104.50 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
AEROCHAMBER (104.50)	=	RM104.50
Total Excess	=	RM104.50

Please be advised that PMCare Sdn Bhd shall not make any payment or be responsible for any expenses in excess of the patient entitlement as



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FINAL GUARANTEE LETTER

To	: KPJ KLANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 29/12/2024 12:14:10 PM
Our Reference			
GL No.	: 24122619102938	FGL No.	: DA24122912141070
Discharge Bill No.	: 633314	Admission Date	: 26/12/2024
Patient Name	: UWAIS A [REDACTED]	Discharge Date	: 29/12/2024
Patient NRIC	: 2010 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 2010 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **633314** amounting **RM 7,932.30** dated **29/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,932.30** 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	: HOSPITAL SERI BOTANI		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: NOORBAZILAH	Date	: 28/12/2024 05:59:06 PM
Our Reference			
GL No.	: 24122720063355	FGL No.	: DA24122817590641
Discharge Bill No.	: S-240021736	Admission Date	: 27/12/2024
Patient Name	: KONG E [REDACTED]	Discharge Date	: 28/12/2024
Patient NRIC	: 2107 [REDACTED]	Length of Stay	: 2.00
Patient Member ID	: 2107 [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 **S-240021736** amounting **RM 2,262.15** dated **28/12/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 2,239.95** 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	22.20		
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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MED 75/Pindaan/2010

KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL TENGKU AMPUAN RAHIMAH, KLANG

DISCHARGE NOTE

1. NAME: MUHAMMAD [REDACTED]	2. RN: 2375610	3. MRN:	4. IC. NO: 1510 [REDACTED]
5. SEX: MALE	6. AGE: 9.3 Y0	7. WARD: 7F	
8. DATE OF ADMISSION: 26/1/25		9. DATE OF DISCHARGE: 28/1/25	
10. FINAL DIGNOSIS: Δ Dengue fever with			
11. NOTE FOR FOLLOW-UP, IF ANY: ① with oral Pariton 24mg TDS x 3/7 oral PCM 360mg PRN x 3/7			

12. Signature :

Name of Medical Officer :

Official Stamp :

Date :

DR. [REDACTED]
PEGAUWI PERUBATAN
HOSPITAL TENGKU AMPUAN RAHIMAH
KLANG

WAD 7F
PEGAUWI PERUBATAN
HOSPITAL TENGKU AMPUAN RAHIMAH
KLANG

28/1/25

- i) Discharge Note perlu dilengkapkan oleh Pegawai Perubatan / Pakar Perubatan sahaja.
- ii) Sila lengkapkan dalam 2 salinan (satu salinan diserahkan kepada pesakit dan satu salinan dimasukkan ke dalam rekod perubatan pesakit)
- iii) Sila bawa bersama Discharge Note semasa rawatan susulan
- iv) Nota ini bukan untuk kegunaan mahkamah dan sebarang tuntutan insuran