



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 DECEMBER 2024

Period : 7th November 2024 to 6th December 2024

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
2280	1653	5	RM71,647.92

Total Medical Cost	RM71,647.92
Last Month Extra Shared	RM8.11
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1653
Each Member Share (Before rounding)	RM43.3392
Each Member Share (After rounding)	RM43.34
Total Share	RM71,641.02
Extra bring to Next Month	RM1.21
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : MUHAMMxxxxxxx
Member NRIC : 0810xxxxxxx
Approved Amount : 6,329.60
Hospital Name : PANTAI HOSPITAL AYER KEROH
Diagnosis : ACUTE TONSILLITIS and ACUTE PHARYNGITIS
Admission Date : 25/08/2024
Discharge Date : 27/08/2024

Case 2

Member Name : HONEY Cxxxxxxx
Member NRIC : 9802xxxxxxx
Approved Amount : 44,307.60
Hospital Name : KPJ PENANG SPECIALIST HOSPITAL
Diagnosis : ACUTE PHARYNGITIS, UNSPECIFIED
Admission Date : 12/08/2024
Discharge Date : 20/08/2024

Case 3

Member Name : NURUL Alxxxxxx
Member NRIC : 8307xxxxxxx
Approved Amount : 304.00
Hospital Name : KUANTAN MEDICAL CENTRE
Diagnosis : GASTRITIS, UNSPECIFIED
Admission Date : 20/08/2024
Discharge Date : 23/08/2024



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Case 4

Member Name : MUHAMMxxxxxxx
Member NRIC : 9705xxxxxxx
Approved Amount : 8,374.07
Hospital Name : KPJ RAWANG SPECIALIST HOSPITAL SDN BHD
Diagnosis : VIRAL INFECTION, UNSPECIFIED
Admission Date : 19/08/2024
Discharge Date : 29/08/2024

Case 5

Member Name : MUDIAHAxxxxxxx
Member NRIC : 8607xxxxxxx
Approved Amount : 5,445.90
Hospital Name : PUTRA MEDICAL CENTRE (ALOR SETAR)
Diagnosis : PERSON INJURED IN UNSPECIFIED VEHICLE ACCIDENT
Admission Date : 09/08/2024
Discharge Date : 12/08/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL AYER KEROH		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 03/09/2024 12:56:11 PM
Our Reference			
GL No.	: 24082618431086	FGL No.	: DA24090312561154
Discharge Bill No.	: 2600704861	Admission Date	: 25/08/2024
Patient Name	: MUHAMMAD [REDACTED]	Discharge Date	: 27/08/2024
Patient NRIC	: 0810 [REDACTED]	Length of Stay	: 3.00
Patient Member ID	: 0810 [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 **2600704861** amounting **RM 6,994.20** dated **27/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,329.60** 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	664.60		
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		



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FINAL GUARANTEE LETTER

To	: KPJ PENANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 27/08/2024 05:24:36 PM
Our Reference			
GL No.	: 24082018012429	FGL No.	: DA24082717243630
Discharge Bill No.	: 1893424	Admission Date	: 12/08/2024
Patient Name	: HONEY C [REDACTED]	Discharge Date	: 20/08/2024
Patient NRIC	: 9802 [REDACTED]	Length of Stay	: 8.00
Patient Member ID	: 9802 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ACUTE PHARYNGITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **1893424** amounting **RM 45,688.55** dated **20/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 44,307.60** 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	1,380.95		
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	KUANTAN MEDICAL CENTRE		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	M_ZAKI	Date	23/08/2024 05:27:37 PM
Our Reference			
GL No.	24082019425963	FGL No.	DA24082317273726
Discharge Bill No.	-	Admission Date	20/08/2024
Patient Name	NURUL A [REDACTED]	Discharge Date	23/08/2024
Patient NRIC	8307 [REDACTED]	Length of Stay	3.50
Patient Member ID	8307 [REDACTED]	Plan Name	WEKONGSI2
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B150_1,000,000)
Final Diagnosis	GASTRITIS, UNSPECIFIED		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill - amounting **RM 7,996.15** dated **23/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 7,190.75** 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	105.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	700.40		
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 RAWANG SPECIALIST HOSPITAL SDN BHD		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 23/08/2024 05:54:59 PM
Our Reference			
GL No.	: 24081906204330	FGL No.	: DA2408231754591
Discharge Bill No.	: 804633	Admission Date	: 19/08/2024
Patient Name	: MUHAMM	Discharge Date	: 23/08/2024
Patient NRIC	: 9705	Length of Stay	: 4.00
Patient Member ID	: 9705	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: VIRAL INFECTION, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **804633** amounting **RM 8,805.85** dated **23/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,374.07** 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	431.78		
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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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 : 16/08/2024	



FINAL GUARANTEE LETTER

To	PUTRA MEDICAL CENTRE (ALOR SETAR)		
Attention	Billing Department		
From	PMCare SDN BHD		
Attending Officer	M_ZAKI	Date	14/08/2024 05:37:59 PM
Our Reference			
GL No.	2408110223535	FGL No.	DA2408141737597
Discharge Bill No.	091209307-1	Admission Date	09/08/2024
Patient Name	MUDIAH	Discharge Date	12/08/2024
Patient NRIC	8607	Length of Stay	3.50
Patient Member ID	8607	Plan Name	WEKONGSI1
Company	KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	HP(R&B250_1,000,000)
Final Diagnosis	OTHER THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDERS		
Remarks			

Dear Sir/Madam,

With reference to your discharge bill **091209307-1** amounting **RM 5,549.70** dated **12/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 5,445.90** 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	103.80		
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		