



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 JULY 2025
Period : 7th June 2024 to 6th July 2025

Total Members	Active Members (Pass 90 days waiting period)	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
3910	2411	6	174	RM44,761.12

Total Medical Cost	RM44,761.12
Last Month Extra Shared	RM19.26
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	2411
Each Member Share (Before rounding)	RM18.5573
Each Member Share (After rounding)	RM18.56
Total Share	RM44,748.16
Extra bring to Next Month	RM6.30
Unsettlement Cost to Carry Forward	RM0.00

Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	MUHA	1904	RM8,094.10	PANTAI HOSPITAL BATU PAHAT
2	QAWV	1208	RM3,905.85	KPJ SEREMBAN SPECIALIST HOSPITAL
3	MOHD	9009	RM74.00	HOSPITAL KAJANG
4	ARVIN	1909	RM3,893.15	BAGAN SPECIALIST CENTRE
5	NUR S	2405	RM5,875.95	MAHKOTA MEDICAL CENTRE
6	MUHA	1510	RM4,249.61	COLUMBIA ASIA HOSPITAL - BUKIT RIMAU

Case No.	Diagnosis	Admission Date	Discharge Date
1	ANKLE AND FOOT - SUPERFICIAL INJURY	2025-04-04	2025-04-05
2	FRACTURE OF SHAFT OF ULNA	2025-02-28	2025-02-28
3	Gastric	2025-04-17	2025-04-18
4	PAIN IN JOINT	2025-03-10	2025-03-12
5	FEVER, UNSPECIFIED	2025-04-25	2025-04-27
6	Other and unspecified gastroenteritis and colitis	2025-04-21	2025-04-24

Conditional Outpatient Benefits (COB) List

https://app.wekongsi.com/storage/clinic_case_management/nqWDauD7qWDaG4ygWvkI3PGzz5NvOtD4T5fUSZWJ.pdf



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Supporting Documents

Eximius Medical Administration Solutions Sdn Bhd
Bangunan MMA, Level-2, 124 Jalan Pahang,
Kuala Lumpur-53000, Malaysia.
Tel: +603 9213 0103 Fax: +603 4041 8627

DAYCARE FINAL GUARANTEE LETTER

Our Ref: WK25/WKSB/25/DC000009 MANUAL	Issued by: AFIFAH
Issue Date : 28/02/2025	Employer Name: WE KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital : KPJ SEREMBAN	Insurer : WE KONGSI SDN BHD
Patient Name : QAWW [REDACTED]	Policy Number : WE KONGSI STANDARD
Patient NRIC : 1208 [REDACTED]	Policy Holder Name : WE KONGSI SDN BHD
Date of Admission : 28/02/2025	Benefit Group : WE KONGSI STANDARD
Admitting Diagnosis : FRACTURE RIGHT RADIUS ULNA	Employee Name : QAWW [REDACTED]
Admitting Doctor : DR ABD SYUKOR	Employee NRIC/Passport : 120819101915
Daily Room & Board: RM 150.00 (Inclusive of Meals)	Employee ID : -
Guarantee Amount : RM 3,905.85	Relationship to Employee : SELF

e-MAS© Sdn Bhd hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)

This guarantee letter is valid for ONE ADMISSION ONLY and Remark.

This guarantee does not cover the following items and shall be borne by the patient:

1. Excess daily Room & Board charges
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items
3. Television, Telephone and Internet services
4. Supplements, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and Procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illnesses and cosmetic surgery.
8. Registration fees, Medical Record Fees, Outpatient Department Fees or Facility Fees.

Please Note:

1. The Patient understands that this letter does not supersede or vary the terms and conditions
2. Please fax a copy of the final bill following treatment completion for the above diagnosis only before patient leaves the hospital(compulsory) and original bills within 3days to ensure prompt payment. Delays will inconvenience the patient severely and payment may be delayed for which we are not responsible.
3. All internal referrals must be during office hours only except the emergencies and a specific claim form has to be filled for each specialist and approved by e-MAS Sdn. Bhd. before referral.
4. If the total bill for this admission exceeds the guaranteed amount, hospital to contact e-MAS Sdn Bhd. immediately at +603 21610440 for further review. We will not accept excess charges without further reference to e-MAS Sdn Bhd.
5. This Guarantee Letter is valid upto 7 days from treatment date.

Please fax the itemized bill to following number to obtain the payment notice before discharging the patient: 0321610431

Kindly send the digital copy of the hospital bill to hospitalglrequest@emastpa.com.my and post original itemized bill,

Guarantee Letter and Duly Completed Authorized Claim Form to:

Eximius Medical Administration Solutions Sdn. Bhd. (Claims Department)



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EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS
Level 13, Wisma PERKESO, 155 Jalan Tun Razak
Kuala Lumpur 50400 WP Kuala Lumpur
Tel: 03 9213 0103

HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000013

Issue Date: 10/03/2025

Hospitalisation Information

To Hospital: BAGAN SPECIALIST CENTRE

Patient Name: ARVIN [REDACTED]

Patient NRIC: 1909 [REDACTED]

Date of Admission: 10/03/2025

Date of Discharge: 12/03/2025 12:00:00 AM

Admitting Diagnosis: PAIN IN JOINT

Final Diagnosis: PAIN IN JOINT

Treating Doctor: DR ONG CHENG HWA

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 3868.15

Issued by: Nur Afifah Binti Arjunaidie

Employer Name: KITA KONGSI SDN BHD

Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: ARVIN [REDACTED]

Employee ID: 20241008578728

Relationship: Self

Duration of Admission:

EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting/diagnosis only at your hospital during the aforesaid specified date(s)

This guarantee letter is valid for ONE ADMISSION ONLY

This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in respect of admission of the above patient

This guarantee does not cover the following items and shall be borne by the patient:

1. Excess daily Room & Board charges.
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Please Note:

1. The PATIENT understands that this letter does not supersede or vary the terms and conditions.
2. If the total bill for this admission exceeds the guaranteed amount, hospital to contact e-MAS Sdn Bhd. immediately at +603 9213 0103 for further review. We will not accept excess charges without further reference to e-MAS Sdn Bhd.

Please post original itemized bill, Guarantee Letter & Authorized claim from duly completed to:

Eximus Medical Administration Solutions Sdn Bhd (e-MAS Sdn Bhd) (By Patient Claims Department)



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EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS

Level 13, Wisma PERKESO, 155 Jalan Tun Razak

Kuala Lumpur 50400 WP Kuala Lumpur

Tel: 03 9213 0103

HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/DC000021	Issued by: Nurhafizza Dahlia Binti Hairul Amir
Issue Date: 05/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: PANTAI HOSPITAL BATU PAHAT	Insurer: WE KONGSI SDN BHD
Patient Name: MUHAMMAD [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 190411 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 04/04/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 05/04/2025 12:00:00 AM	Employee Name: MUHAMMAD [REDACTED]
Admitting Diagnosis: ANKLE AND FOOT - SUPERFICIAL INJURY OF	Employee ID: 20230416746999
Final Diagnosis: ANKLE AND FOOT - SUPERFICIAL INJURY OF	Relationship: Self
Treating Doctor: DR TAN YONG JIA	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 8094.10	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000035	Issued by: Nor Afifah Binti Abdul Rashid
Issue Date: 21/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: Columbia Asia Hospital - Bukit Rimau	Insurer: WE KONGSI SDN BHD
Patient Name: MUHAMMAD [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 15100 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 21/04/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 23/04/2025 12:00:00 AM	Employee Name: MUHAMMAD [REDACTED]
Admitting Diagnosis: Other and unspecified gastroenteritis and colitis of infectious origin	Employee ID: 20240505325474
Final Diagnosis: Gastroenteritis and colitis of unspecified origin	Relationship: Self
Treating Doctor: DR LIM KOK CHONG	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 4249.61	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000039

Issue Date: 25/04/2025

Hospitalisation Information

To Hospital: MAHKOTA MEDICAL CENTRE

Patient Name: NUR SY [REDACTED]

Patient NRIC: 24053 [REDACTED]

Date of Admission: 25/04/2025

Date of Discharge: 27/04/2025 12:00:00 AM

Admitting Diagnosis: FEVER, UNSPECIFIED

Final Diagnosis: FEVER, UNSPECIFIED

Treating Doctor: DR LOO HUI MIN

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 5875.95

Issued by: Ain Suraya

Employer Name: KITA KONGSI SDN BHD

Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI STANDARD

Employee Name: NUR SY [REDACTED] BINTI

Employee ID: 20240926352298

Relationship: Self

Duration of Admission:

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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : MOHD NUR [REDACTED]
Member NRIC : 9009 [REDACTED]
Member Package : STANDARD
Admission Date : 17/04/2025
Discharge Date : 18/04/2025
Hospital Name : Hospital Kajang
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

HOSPITAL KAJANG
Jalan Semenyih, 43000 Kajang, Selangor. Tel: 03-87353333, 87363811 / 2 Fax: 03-87367527

BIL HOSPITAL
Salinan Asal

Pmg surat : MOHD [REDACTED]
K/P Pmg surat : 9009 [REDACTED]
NO 17 JALAN SEMENYIH 7/2
50704 SEMENYIH
43100 SEMENYIH SELANGOR

Tarikh Masuk : 17/04/2025
Tarikh Keluar : 18/04/2025
R/N : 786720
K/P Pesakit : 888930120785
No. Bil : 811378
Tarikh Bil : 18/04/2025
No. Rujukan :

Nama Pesakit : MOHD NUR, FIKSAH BIK MOHD KONSUL

PERIHAL	RM
DAU AND - BILAT 1	
DAU SAWATAN PESAKIT DALAM	2 HARI 0.00
DAU SAWATAN/SAKATAN	2 HARI 0.00
DIJAH BAHAL	10.00
AMAUN DIKENAKAN	21.00
WANG CAGARAN	24.00
AMAUN PERLU DIBAYAR	0.00
	24.00 00

PAID