



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 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
2577	1793	3	RM80,202.04

Total Medical Cost	RM80,202.04
Last Month Extra Shared	RM5.69
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	1793
Each Member Share (Before rounding)	RM44.7274
Each Member Share (After rounding)	RM44.73
Total Share	RM80,200.89
Extra bring to Next Month	RM4.54
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : ADAM PUxxxxxxxx
Member NRIC : 9212xxxxxxxx
Approved Amount : 38,103.25
Hospital Name : PANTAI HOSPITAL AMPANG
Diagnosis : ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS
Admission Date : 06/11/2024
Discharge Date : 11/11/2024

Case 2

Member Name : NUZAIHxxxxxxxx
Member NRIC : 8101xxxxxxxx
Approved Amount : 36,915.54
Hospital Name : HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL
Diagnosis : CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE, UNSPECIFIED
Admission Date : 18/11/2024
Discharge Date : 27/11/2024

Case 3

Member Name : NUR SUMAxxxxxxxx
Member NRIC : 2203xxxxxxxx
Approved Amount : 5,183.25
Hospital Name : ORIENTAL MELAKA STRAITS MEDICAL CENTRE
Diagnosis : INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS
Admission Date : 25/11/2024
Discharge Date : 29/11/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL AMPANG		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: MAZIRAH	Date	: 30/11/2024 06:29:33 PM
Our Reference			
GL No.	: 24110611494058	FGL No.	: DA24113018293376
Discharge Bill No.	: PHA24A0081575	Admission Date	: 06/11/2024
Patient Name	: ADAM PUT [REDACTED]	Discharge Date	: 11/11/2024
Patient NRIC	: 9212 [REDACTED]	Length of Stay	: 5.00
Patient Member ID	: K921 [REDACTED]	Plan Name	: WEKONGSI1
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B250_1,000,000)
Final Diagnosis	: ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **PHA24A0081575** amounting **RM 38,650.85** dated **11/11/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 38,103.25** 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	547.60		
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	: HOSPITAL PAKAR AN-NUR SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: NOORBAZILAH	Date	: 17/12/2024 02:03:20 PM
Our Reference			
GL No.	: 24111908133811	FGL No.	: DA24121714032065
Discharge Bill No.	: B24-00104269/I24-00165713	Admission Date	: 18/11/2024
Patient Name	: NUZAIHAN [REDACTED]	Discharge Date	: 27/11/2024
Patient NRIC	: 8101 [REDACTED]	Length of Stay	: 9.50
Patient Member ID	: 8101 [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, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **B24-00104269/I24-00165713** amounting **RM 38,771.75** dated **27/11/2024**, kindly be advised the payable amount by PMCARE Sdn Bhd is **RM 36,915.54** 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	48.00	0.00	
Intensive Care Unit	0.00		
Hospital Supplies and Services	1,808.21		
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	: ORIENTAL MELAKA STRAITS MEDICAL CENTRE		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HAZLAN	Date	: 29/11/2024 04:48:29 PM
Our Reference			
GL No.	: 24112608035425	FGL No.	: DA24112916482993
Discharge Bill No.	: 384221-1	Admission Date	: 25/11/2024
Patient Name	: NUR SUMA [REDACTED]	Discharge Date	: 29/11/2024
Patient NRIC	: 2203 [REDACTED]	Length of Stay	: 4.50
Patient Member ID	: 2203 [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 **384221-1** amounting **RM 5,238.25** dated **29/11/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 5,183.25** 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	55.00		
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		