



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 NOVEMBER 2024

Period : 7th October 2024 to 6th November 2024

Total Members	Active Members <i>(Pass 90 days waiting period)</i>	Total Approved Cases	Total Medical Cost
2164	1582	7	RM66,395.56

Total Medical Cost	RM66,395.56
Last Month Extra Shared	RM7.13
Last Month Unsettlement Balance	RM0.00
Active Members <i>(Pass 90 days waiting period)</i>	1582
Each Member Share (Before rounding)	RM41.97
Each Member Share (After rounding)	RM41.97
Total Share	RM66,402.24
Extra bring to Next Month	RM8.11
Unsettlement Cost to Carry Forward	RM0.00

Case 1

Member Name : NURFATxxxxxxxx
Member NRIC : 0006xxxxxxxx
Approved Amount : 8,774.80
Hospital Name : KPJ KLANG SPECIALIST HOSPITAL
Diagnosis : URINARY TRACT INFECTION, SITE NOT SPECIFIED
Admission Date : 03/08/2024
Discharge Date : 13/08/2024

Case 2

Member Name : NUR AQIxxxxxxxx
Member NRIC : 9809xxxxxxxx
Approved Amount : 5,411.00
Hospital Name : PANTAI HOSPITAL LAGUNA MERBOK
Diagnosis : VIRAL INFECTION, UNSPECIFIED
Admission Date : 04/08/2024
Discharge Date : 07/08/2024

Case 3

Member Name : DANEENxxxxxxxx
Member NRIC : 2301xxxxxxxx
Approved Amount : 304.00
Hospital Name : HOSPITAL WANITA DAN KANAK KANAK KUALA LUMPUR
Diagnosis : Pneumonia
Admission Date : 10/07/2024
Discharge Date : 13/07/2024



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Case 4

Member Name : ABDUL MUxxxxxxxx
Member NRIC : 2202xxxxxxxx
Approved Amount : 6,820.90
Hospital Name : CMH Specialist Hospital (formerly known as CMH Healthcare Sdn Bhd)
Diagnosis : ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED
Admission Date : 11/07/2024
Discharge Date : 15/07/2024

Case 5

Member Name : NOR ISMAxxxxxxxx
Member NRIC : 7910xxxxxxxx
Approved Amount : 44,576.36
Hospital Name : SENAWANG SPECIALIST HOSPITAL
Diagnosis : PERSON INJURED IN UNSPECIFIED VEHICLE ACCIDENT
Admission Date : 21/07/2024
Discharge Date : 23/07/2024

Case 6

Member Name : MUHAMMxxxxxxxx
Member NRIC : 2211xxxxxxxx
Approved Amount : 208.50
Hospital Name : HOSPITAL PAKAR SULTANAH FATIMAH, MUAR
Diagnosis : ACUTE TONSILLOPHARYNGITIS & POOR ORAL INTAKE
Admission Date : 12/09/2024
Discharge Date : 14/07/2024

Case 7

Member Name : MUHAMMxxxxxxxx
Member NRIC : 0702xxxxxxxx
Approved Amount : 300.00
Hospital Name : PUSAT PERUBATAN UNIVERSITI MALAYA
Diagnosis : Sustained closed midshaft right
Admission Date : 18/08/2024
Discharge Date : 18/08/2024



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Supporting Documents



FINAL GUARANTEE LETTER

To	: KPJ KLANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 13/08/2024 01:53:06 PM
Our Reference			
GL No.	: 24080909373695	FGL No.	: DA24081313530665
Discharge Bill No.	: 587129	Admission Date	: 08/08/2024
Patient Name	: NURFAT [REDACTED]	Discharge Date	: 13/08/2024
Patient NRIC	: 0006 [REDACTED]	Length of Stay	: 5.00
Patient Member ID	: 0006 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: CYSTITIS, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **587129** amounting **RM 8,981.30** dated **13/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 8,774.80** 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	206.50		
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 - Insurance	0.00		



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FINAL GUARANTEE LETTER

To	: PANTAI HOSPITAL LAGUNA MERBOK		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: HATIM	Date	: 13/08/2024 09:49:04 AM
Our Reference			
GL No.	: 24080513534321	FGL No.	: DA24081309490483
Discharge Bill No.	: PHLM24A0038503	Admission Date	: 04/08/2024
Patient Name	: NUR AO [REDACTED]	Discharge Date	: 07/08/2024
Patient NRIC	: 9809 [REDACTED]	Length of Stay	: 3.50
Patient Member ID	: 9809 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: VIRAL INFECTION, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **PHLM24A0038503** amounting **RM 5,723.70** dated **07/08/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 5,411.00** 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	312.70		
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		



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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : DANEEN [REDACTED]
Member NRIC : 2301 [REDACTED]
Member Package : DELUXE
Admission Date : 10/07/2024
Discharge Date : 13/07/2024
Hospital Name : Hospital Tunku Azizah
Total Overnight Days : 3

Total Allowance (RM) : 300

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 RM300.

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



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FINAL GUARANTEE LETTER

To	: CMH SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: AZMIRAN	Date	: 23/07/2024 03:24:08 PM
Our Reference			
GL No.	: 24071121215738	FGL No.	: DA24072315240898
Discharge Bill No.	: IP0066026	Admission Date	: 11/07/2024
Patient Name	: ABDUL [REDACTED]	Discharge Date	: 15/07/2024
Patient NRIC	: 2202 [REDACTED]	Length of Stay	: 4.50
Patient Member ID	: 2202 [REDACTED]	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **IP0066026** amounting **RM 7,011.50** dated **15/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 6,820.90** 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	190.60		
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	: SENAWANG SPECIALIST HOSPITAL		
Attention	: Billing Department		
From	: PMCARE SDN BHD		
Attending Officer	: M_AMIR	Date	: 30/07/2024 11:39:23 AM
Our Reference			
GL No.	: 24072115411163	FGL No.	: DA24073011392371
Discharge Bill No.	: IP609887	Admission Date	: 21/07/2024
Patient Name	: NOR ISH	Discharge Date	: 23/07/2024
Patient NRIC	: 7910	Length of Stay	: 2.50
Patient Member ID	: 7910	Plan Name	: WEKONGSI2
Company	: KITA KONGSI SDN BHD (WE KONGSI)	Plan Details	: HP(R&B150_1,000,000)
Final Diagnosis	: PERSON INJURED IN UNSPECIFIED VEHICLE ACCIDENT		
Remarks	:		

Dear Sir/Madam,

With reference to your discharge bill **IP609887** amounting **RM 46,086.85** dated **23/07/2024**, kindly be advised the payable amount by PMCare Sdn Bhd is **RM 44,576.36** 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	1,510.49		
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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DAILY CASH ALLOWANCE IN GOVERNMENT HOSPITAL

Member Name : MUHAN [REDACTED]
Member NRIC : 2211 [REDACTED]
Member Package : DELUXE
Admission Date : 12/09/2024
Discharge Date : 14/09/2024
Hospital Name : HOSPITAL PAKAR SULTANAH FATIMAH
Total Overnight Days : 2

Total Allowance (RM) : 200

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 2 day, and your package falls under the STANDARD category. Accordingly, you are entitled to an allowance of RM50 per day, totaling RM200.

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,
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PUSAT PERUBATAN UNIVERSITI MALAYA
(UNIVERSITI MALAYA MEDICAL CENTRE)
Alamat : Lembah Pantai, 59100 Kuala Lumpur, MALAYSIA
Telefon : +603 7949 4422
Fax : +603 7956 2253
Laman Web : <http://www.ummc.edu.my>


SLIP BAYARAN KIOSK

Tarikh : 18/07/2024
RN : 37566091
No. Inbois : 202400982790
Nama Pesakit : MUHAMMAD ISMA
Jumlah Bayaran : RM 60.00



IMBAS DI SINI

IKUTI LANGKAH BERIKUT



SEKIRANYA MENGHADAPI MASALAH HUBUNGI 03-7949 4348 ATAU KAUNTER BAYARAN BERHAMPIRAN UNTUK BANTUAN

UNIVERSITY OF MALAYA MEDICAL CENTRE
PUSAT PERUBATAN UNIVERSITI MALAYA
LEMBAH PANTAI 59100
KUALA LUMPUR
Tel : +603 7949 4422

KIOSK BAYARAN PPUM RESIT BAYARAN

Kiosk ID : 06
No. Resit : 58-2433218
No. Resitkan : 202400323871
Tarikh : 18 Jul 24 17:33:07
No. Resit : PPUM-SSK-06
Masa Bayaran : Pesaka
Nama Kiosk : -

Keterangan	RM
202400982790	240.00

MAKLUMAT BAYARAN

Nama Pembayar : MUHAMMAD ISMA DARWISY BIN
ICMAIL : ICMAIL
ID Pembayar : 37566091
Masa Bayaran : Kad
Nama Transaksi : Bil

Total Akaun : RM 240.00

Merchant id : 006627031598608
Terminal ID : 88042628