

DISCHARGE NOTICE

PATIENT INFORMATION

Patient Name		Company	SQLI PLATINUM RIDER
Employee Name		Policy No.	
IC / Card No		Diagnosis	INGUINAL HERNIA LEFT CALYCEAL DIVERTICULUM STONE
DOB / SEX	1974-11-06	Admission /Discharge	2015-09-30 /2015-10-03

Benefit	Incurred (RM)	Approved (RM)	Not Approved (RM)
ROOM AND BOARD	380.00	380.00	0.00
HSS	17792.15	17760.15	32.00
SURGEON FEES	6362.50	6152.50	210.00
ANAESTHETIC	1397.50	1397.50	0.00
OT CHARGES	2104.00	2104.00	0.00
GST	465.60	453.00	12.60
Total	28 501.75	28 247.15	254.60

Detail Non Payable items are below :

No.	Item Description	Not Approved
1	HSS (DVD+REWRITABLE DISC)	32.00
2	SURGEON FEE (WARD VISIT)	210.00
3	GST	12.60
Total amount to be paid by patient		254.60

Note :

1. Please collect excess amount above from the patient directly
2. Patient to sign this discharge notice on the day of discharge to acknowledgment of the claim amount
3. Above Excess charges are not final, any additional shall be notified after

Thank you.
Yours sincerely,

Patient / Guardian

Name :

IC No.

Date :

FAX		
DATE	TIME	USER
2015-10-03	09:00	Rosmah

Rosmah

This is a computer-generated document. No signature is required.