



APPROVED CLAIMS

SQLI PLATINUM RIDER
Reference No. [77729726]

PT. Administrasi Medika

Electronic Healthcard Network

Head Office : Head Office : Telkom STO Gambir,
Gedung C lantai 3, 4, 5 Jl. Medan Merdeka Selatan No.
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Fax. Number : +62 21 3483 2211

Website : www.admedika.co.id

Date : DEC-30-2018 09:51:37 PM

MEMBER INFO.				PAYOR, CORPORATE AND PLAN INFO.			
Patient Name				Payor PT. AJ SEQUIS LIFE			
Principal Name				Corp Code PLATINUM			
Relation	Principal	Status	ACTIVE	Policy No.		Pol. Status : ENFORCED	
Card No.		DOB		Membership		Client : SQHPF	
Member ID		Since	NOV-01-2009	Plan	SQHPF	Type : MAX DOLLAR AMOUNT	
-	-	Gender	MALE	Start Date	NOV-30-2018 To OCT-31-2039	Currency : IDR	

CLAIMS DETAILS					
Reference ID		Provider	SILOAM HOSPITALS LIPPO VILLAGE (KARAWACI) (IDR) - 0021		
Claim Type	MANUAL	Diagnosis	C71-MALIGNANT NEOPLASM OF BRAIN		
Admission Date	DEC-27-2018	No. of Days	2	Disability No	77729726
Discharge Date	DEC-28-2018	Coverage	H&S - RAWAT INAP	Amount Incurred	170,607,278
MC Days :		Status	40-VALID CLAIM	Amount Approved	170,107,278

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
02:ROOM & BOARD(MAKSIMUM 150 DAYS)	1000000	1400000	1400000	0
05:HOSPITAL MISCELLANEOUS SERVICE	999999999	5210529	4710529	500000
06:IN-HOSPITAL CONSULTATION (INCLUDING GENERAL PRACTITIONER AND SPECIALIST) - (MAKSIMUM 2 CONSULTATION PER DAY, MAKSIMUM 150 DAYS)	999999999	80000	80000	0
07:OUTPATIENT POST-HOSPITALISATION TREATMENT (MAKSIMUM 90 DAYS AFTER DISCHARGED)	999999999	749749	749749	0
16:SURGICAL FEE	999999999	163167000	163167000	0
TOTAL		170607278	170107278	500000

Remarks

Total biaya diajukan : Rp. 170.607.278,- Total biaya yang disetujui: Rp. 170.107.278,- Total biaya yang tidak disetujui: Rp. 500.000,- (terdiri dari Selisih admin) tanggungan peserta yang harus diselesaikan di RS.

Perjaminan biaya rawat inap untuk diagnosa Brain tumor metastase post gamma knife Arachnoid cyst dapat diberikan,

Informasi biaya rawat inap ini bersifat sementara, dan dapat berubah sesuai tagihan akhir dari RS.

Khusus Peserta COB BPJS, wajib melampirkan surat rujukan faskes pertama dan Surat Eligibilitas Peserta (SEP)

Obat Pulang : torasic 20 tab 3x1, dexamethason 20 tab 2x1, nexium 20 tab 1x1 ..

Petugas AdMedika :

Verify/Petugas RS :

Agreed/Peserta :

[Tanggal : DEC-30-2018 09:51:38 PM]

[Tanggal :]

[Tanggal :]

Catatan :

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