



APPROVED CLAIMS

PT. Administrasi Medika

Electronic Healthcard Network

Head Office : Head Office : Telkom STO Gambir,
Gedung C lantai 3, 4, 5 Jl. Medan Merdeka Selatan No.
12 Jakarta Pusat - 10110

Tel. Number : +62 21 500 811

Fax. Number : +62 21 3483 2211

Website : www.admedika.co.id

SQLI PLATINUM RIDER

Reference No. [67725281]

Date : JAN-11-2018 01:38:32 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 : SQHPP10		
Member ID		Since	JUL-10-2015	Plan	SQHPP10	Type : MAX DOLLAR AMOUNT	
-	-	Gender	FEMALE	Start Date	JUL-10-2017 To JUL-09-2074	Currency : IDR	

CLAIMS DETAILS					
Reference ID	67725281	Provider	BALI ROYAL HOSPITAL (BROS) (IDR) - 1309		
Claim Type	MANUAL	Diagnosis	M54.5-Low back pain (Nyeri punggung)		
Admission Date	JAN-07-2018	No. of Days	4	Disability No	67725281
Discharge Date	JAN-11-2018	Coverage	H&S - RAWAT INAP	Amount Incurred	55,691,643
MC Days :		Status	40-VALID CLAIM	Amount Approved	55,691,643

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
01:IN-PATIENT ADMIN FEE INCLUDING TAXES AND STAMP DUTY (IF ANY)	300000	184000	184000	0
02:ROOM & BOARD(MAKSIMUM 150 DAYS)	1000000	3200000	3200000	0
05:HOSPITAL MISCELLANEOUS SERVICE	999999999	10431724	10431724	0
06:IN-HOSPITAL CONSULTATION (INCLUDING GENERAL PRACTITIONER AND SPECIALIST) - (MAKSIMUM 2 CONSULTATION PER DAY, MAKSIMUM 150 DAYS)	999999999	430000	430000	0
07:OUTPATIENT POST-HOSPITALISATION TREATMENT (MAKSIMUM 90 DAYS AFTER DISCHARGED)	999999999	742485	742485	0
16:SURGICAL FEE	999999999	40703434	40703434	0
TOTAL		55691643	55691643	0

Remarks

- Total biaya diajukan : Rp. 55.691.643,- Total biaya yang disetujui: Rp. 55.691.643,- Total biaya yang tidak disetujui: Rp. 0,- (Tidak ada selisih biaya) tanggungan peserta yang harus diselesaikan di RS.
- Penjaminan biaya rawat inap untuk diagnosa HNP L4/L5, Radicularis kiri post microdisectomi 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 : lapibal 60 tab 3x1, ketesse 50 tab 3x1, sumagesik 15 tab 3x1 ..

Petugas AdMedika :

Verify/Petugas RS :

Agreed/Peserta :

[Tanggal : JAN-11-2018 01:38:32 PM]

[Tanggal :]

[Tanggal:]

Catatan :

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