



## APPROVED CLAIMS

SQLI PLATINUM RIDER  
Reference No. [ 43707182 ]

### 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

Date : AUG-11-2015 03:25:55 PM

MEMBER INFO.				PAYOR, CORPORATE AND PLAN INFO.			
<b>Patient Name</b>				<b>Payor</b>	PT. AJ SEQUIS LIFE		
<b>Principal Name</b>				<b>Corp Code</b>	PLATINUM		
<b>Relation</b>	Principal	<b>Status</b>	ACTIVE	<b>Policy No.</b>	<b>Pol. Status :</b> ENFORCED		
<b>Card No.</b>				<b>Membership</b>	<b>Client :</b> SQHPF		
<b>Member ID</b>				<b>Plan</b>	SQHPF	<b>Type :</b> MAX DOLLAR AMOUNT	
-	-	<b>DOB</b>	JUL-15-1973	<b>Start Date</b>	AUG-29-2014 To AUG-28-2049	<b>Currency :</b> IDR	
		<b>Since</b>	AUG-29-2012				
		<b>Gender</b>	FEMALE				

CLAIMS DETAILS			
<b>Reference ID</b>	<b>43707182</b>	<b>Provider</b>	RS. PREMIER SURABAYA (RS. SURABAYA INTERNASIONAL) (IDR) - 0829
<b>Claim Type</b>	<b>MANUAL</b>	<b>Diagnosis</b>	<b>S83.6</b> -Sprain and strain of other and unspecified parts of knee
<b>Admission Date</b>	AUG-03-2015	<b>No. of Days</b>	4
<b>Discharge Date</b>	AUG-06-2015	<b>Coverage</b>	H&S - RAWAT INAP
<b>MC Days :</b>		<b>Status</b>	<b>40-VALID CLAIM</b>
		<b>Disability No</b>	43707182
		<b>Amount Incurred</b>	16,959,642
		<b>Amount Approved</b>	16,450,412

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
02:ROOM & BOARD(MAKSIMUM 150 DAYS)	1000000	2100000	2100000	0
05:HOSPITAL MISCELLANEOUS SERVICE	999999999	11779642	11270412	509230
06:IN-HOSPITAL CONSULTATION (INCLUDING GENERAL PRACTITIONER AND SPECIALIST) - (MAKSIMUM 2 CONSULTATION PER DAY, MAKSIMUM 150 DAYS)	999999999	3080000	3080000	0
<b>TOTAL</b>		<b>16959642</b>	<b>16450412</b>	<b>509230</b>

#### Remarks

DIAGNOSA AKHIR DENGAN OA RIGHT KNEE . PESERTA MENEMPATI KAMAR KELAS 1 RP. 600.000,-(SELAMA 3,5 HARI) . ASURANSI DAPAT MENJAMINKAN BIAYA PERAWATAN SESUAI BENEFIT . SELISIH BIAYA RP. 509.230,-(SELISIH ADM, UNDERPAD, BAND PATIENT, PROBE COVER) HARAP BAYAR DI RS . MOHON FORM INI DI TANDA TANGANI OLEH PESERTA..

Petugas AdMedika :

Verify/Petugas RS :

Agreed/Peserta :

RIDWAN HADI FATUROHMAN

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[Tanggal :

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Catatan :

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