



APPROVED CLAIMS

SQLI PLATINUM RIDER
Reference No. [43298873]

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 : JUL-14-2015 10:36:50 AM

MEMBER INFO.			PAYOR, CORPORATE AND PLAN INFO.		
Patient Name			Payor	PT. AJ SEQUIS LIFE	
Principal Name			Corp Code	PLATINUM	
Relation	Status	ACTIVE	Policy No.	Pol. Status :	ENFORCED
Card No.	DOB	JAN-25-1964	Membership	Client :	SQHPH
Member ID	Since	FEB-15-2013	Plan	Type :	MAX DOLLAR AMOUNT
-	Gender	MALE	Start Date	FEB-15-2015 To FEB-14-2040	Currency : IDR

CLAIMS DETAILS					
Reference ID	43298873	Provider	RS. JAKARTA EYE CENTER MENTENG (IDR) - 1105		
Claim Type	MANUAL	Diagnosis	H26-Other Cataract		
Admission Date	JUL-13-2015	No. of Days	1	Disability No	
Discharge Date	JUL-13-2015	Coverage	H&S - RAWAT INAP	Amount Incurred	16,295,600
MC Days :		Status	40-VALID CLAIM	Amount Approved	15,751,000

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
11:OUTPATIENT SURGERY	999999999	14595600	14051000	544600
30:PROSTHESIS AND IMPLANT PER YEAR	9000000	1700000	1700000	0
TOTAL		16295600	15751000	544600

Remarks

** ODC** DX AKHIR CATARAC. BIAYA DI JAMINKAN SESUAI BENEFIT. SELISIH BIAYA RP.544.600,- (GELANG, ADMINISTRASI) MOHON DI BAYARKAN DI RUMAH SAKIT. MOHON FORM INI DI TANDA TANGANI OLEH PESERTA..

Petugas AdMedika :

RIDWAN HADI FATUROHMAN

[Tanggal : JUL-14-2015 10:36:50 AM]

Verify/Petugas RS :

[Tanggal :

Agreed/Peserta :

] [Tanggal:]

Catatan :

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