



APPROVED CLAIMS

SQLI PLATINUM RIDER

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 : SEP-13-2018 10:48:01 AM

MEMBER INFO.			
Patient Name			
Principal Name			
Relation	Principal	Status	ACTIVE
Card No.		DOB	
Member ID		Since	
-	-	Gender	FEMALE

PAYOR, CORPORATE AND PLAN INFO.			
Payor	PT. AJ SEQUIS LIFE		
Corp Code	PLATINUM		
Policy No.		Pol. Status	ENFORCED
Membership		Client	SQHPH
Plan	SQHPH	Type	MAX DOLLAR AMOUNT
Start Date	JAN-31-2018 To FEB-02-2062	Currency	IDR

CLAIMS DETAILS			
Reference ID		Provider	SILOAM HOSPITALS LIPPO VILLAGE (KARAWACI) (IDR) - 0021
Claim Type	MANUAL	Diagnosis	C41-MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE OF OTHER AND UNSPECIFIED SITES
Admission Date	SEP-04-2018	No. of Days	8
Discharge Date	SEP-13-2018	Coverage	H&S - RAWAT INAP
MC Days :		Status	40-INVALID CLAIM
		Disability No	
		Amount Incurred	285,512,943
		Amount Approved	284,619,084

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
02:ROOM & BOARD(MAKSIMUM 150 DAYS)	2000000	16000000	16000000	0
05:HOSPITAL MISCELLANEOUS SERVICE	999999999	51771339	51242480	528859
06:IN-HOSPITAL CONSULTATION (INCLUDING GENERAL PRACTITIONER AND SPECIALIST) - (MAKSIMUM 2 CONSULTATION PER DAY, MAKSIMUM 150 DAYS)	999999999	3315000	2950000	365000
07:OUTPATIENT POST-HOSPITALISATION TREATMENT (MAKSIMUM 90 DAYS AFTER DISCHARGED)	999999999	1569512	1569512	0
16:SURGICAL FEE	999999999	212857092	212857092	0
TOTAL		285512943	284619084	893859

Remarks

Total biaya diajukan: Rp. 285.512.943,- Total biaya yang disetujui: Rp. 284.619.084,- Total biaya yang tidak disetujui: Rp. 893.859,- (adm, dokter tgl 5, 7, minyak kayu putih) menjadi tanggungan peserta yang harus diselesaikan di RS.
 Penjaminan biaya rawat inap untuk diagnosa tumor clivus post craniotomy tumor removal 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: cefspan 13 tab 2x1, torasic 20 tab 3x1, nexium 20 tab 2x1, sumagesic 9 tab 3x1, dexamethason 8 tab 3x1.
 Mohon form ini di tanda tangani peserta atau keluarga..

Petugas AdMedika :

Verify/Petugas RS :

Agreed/Peserta :

[Tanggal : SEP-13-2018 10:48:02 AM]

[Tanggal :]

[Tanggal:]

Catatan :

[P R I N T] [S A V E A C O P Y]

8000194201246919-74423330-APPROVED CLAIMS