



APPROVED CLAIMS

SEQUIS Q INFINITE MEDCARE 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 : OCT-01-2018 11:18:43 AM

MEMBER INFO.				PAYOR, CORPORATE AND PLAN INFO.			
Patient Name				Payor	PT. AJ SEQUIS LIFE		
Principal Name				Corp Code	INFINITE		
Relation	Principal	Status	ACTIVE	Policy No.	Pol. Status : ENFORCED		
Card No.				Membership	Client : SQIMC1		
Member ID				Plan	SQIMC1	Type : PLAN SHARING	
-	-	DOB	JAN-18-2017	Start Date	JAN-18-2017 To JAN-17-2084	Currency : IDR	
		Gender	FEMALE				

CLAIMS DETAILS					
Reference ID	GLENEAGLES HOSPITAL (SGD) - 1356				
Claim Type	MANUAL	Diagnosis	K81.0-Acute cholecystitis		
Admission Date	SEP-26-2018	No. of Days	2	Disability No	
Discharge Date	SEP-27-2018	Coverage	H&S - RAWAT INAP	Amount Incurred	22,636
MC Days :		Status	40-VALID CLAIM	Amount Approved	22,636

CLAIMS ASSESSMENT				
Manfaat Polis	Batasan Polis	Biaya Diajukan	Biaya Disetujui	Biaya Tidak Disetujui
02:BIAYA HARIAN KAMAR RUMAH SAKIT (MAKS 150 HARI PER TAHUN POLIS)	91530.83	624.28	624.28	0
05:BIAYA RUMAH SAKIT LAIN - LAIN (OBAT-OBATAN, PEMERIKSAAN LABORATORIUM, ELEKTROKARDIOGRAM, TRANSFUSI DARAH DAN LAIN-LAIN)	91530.83	7368.05	7368.05	0
16:BIAYA PEMBEDAHAN	91530.83	14644.07	14644.07	0
TOTAL		22636.42	22636.42	0

Remarks

DX AKHIR: ACUTE CHOLECYSTITIS, PASIEN MENEMPATI KAMAR SINGLE STANDART, PASIEN BIAYA YANG DIAJUKAN SEBESAR SGD 22,636.46. BIAYA DIJAMINKAN SEBESAR SGD 22.636.46..

Petugas AdMedika :

Verify /Petugas RS :

Agreed /Peserta :

[Tanggal : OCT-01-2018 11:18:43 AM]

[Tanggal : _____]

[Tanggal : _____]

Catatan :

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