DISCHARGE NOTICE (PATIENT'S COPY)

Insured:	NOR SHAZA ADRINA BINTI AZMAN EDRIS ESA BIN MUHAMMAD FAKHIRIN		Insurer: Policy No.: Admission Date:08/11/2021	Allianz Life Insurance Malaysia Berhad G044077-000 Discharge Date:12/11/2021
Patient:				
ospital: CHILDE SPECIA		VOMEN'S & 'S T HOSPITAL		
Total Hospital Charge	RM 9640.9	5		
Total Guaranteed Amou	nt RM 8644.3	7		
Total Excess by Patient	1	Room & Boar	d Excess	RM 81.00
	2	PPE set - isola	ation	RM 40.00
	3	companion ta		RM 2.50
		tudung cap, N apron,glove	isposable gown (PE), 195, disposable	RM 283.08
	5	Covid screeni	ng	RM 250.00
	6	Isolation roon COVID-19	n, MO nasal swab	RM 340.00
	<u>2</u> 3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
OTAL AMOUNT TO BE PAII	D BY PATIENT			RM 996.58

Please arrange to settle all your excess(s)(if any) and submit your original receipts to your insurer for their review. We will also send your documents to the insurer for evaluation.

Yours faithfully,

KAYATHIRI A/P MARTHAY Healthcare - Operation File No.: 547247

NOTE: THIS IS COMPUTER GENERATED DOCUMENT, HENCE NO SIGNATURE IS REQUIRED