



GUARANTEE LETTER *(Individual)*

Coverage Type: ADMISSION REQUEST
GL No.: A100218496

Guarantee Details

Issued Date:	12/9/2023	Hospital Name:	AVISENA WOMEN'S & CHILDREN'S SPECIALIST HOSPITAL
Visit ID/Reg #:		MRN #:	M00417575
Patient Name:	AAFIYYAH ALEENA BINTI HARITH RIDHZWAN	Policy/Certificate #:	4371228A06
ID #:	221022101478	Plan Name:	MER213
D.O.B:	22/10/2022	Special Status:	
Gender:	Female	GL Status:	Pending Discharge Request

Admission Details

Admission Date:	12/9/2023	Est. Discharge Date:	15/9/2023
Adm. Type:	HOSPITALIZATION		
Room Type:	SINGLE BEDDED - AVISENA WOMEN'S & CHILDREN'S SPECIALIST HOSPITAL	Room & Board:	RM207.00

Patient out of Pocket Expense

Co. Share (%):	%	Deductible:	
Notes:		Notes:	Deductible applicable to Admission only, not applies to Follow Up.

Optional Benefit Details

Benefit	Price Limit	Unit Metrix
Intensive Care Unit		Day

Guarantee Treatment Details:

Treating Doctor-Specialty
TAN ENG KIAN - GENERAL PAEDIATRICS

Diagnosis (ICD-10)
J219 - Acute bronchiolitis, unspecified

Non-Guarantee Treatment Details:



Non-Covered Diagnosis(es)

Non-Covered Procedure(s)

Non-Covered Doctor(s)

Guarantee Letter Coverage Notes:

This Guarantee Letter covers:

1. Treatment & hospital charges related to 'Guarantee Treatment Details' as listed in this Guarantee Letter.
2. Take Home medication for 1 months' supply (if medically necessary & prescription is provided)

This Guarantee Letter does not cover:

1. Any treatment related to 'Non-Guarantee Treatment Details' as listed above (if any).
2. Care, medication and treatment that is experimental, investigative or unproven services and not according to accepted professional standards and / or is not medically necessitated with regards to the diagnosis of the patient which is supported by medical reports upon discharge.
3. Alternative therapies such as (but not limited to) Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bone-setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies & Traditional Complimentary Medicine etc.
4. Vitamins/Supplements, Herbal Cures, Anti-Obesity / Weight Reducing Agents, Eye Lubricants and any over the counter purchases of supplements, medicines or outpatient prescribed and non-prescribed medical supplies.
5. Any treatment, investigation or hospital charges related to COVID-19 for patients that are classified below category 3.
6. Hospital charges that are not related to treatment care or categorized as personal use such as but not limited to concierge service, telephone charges or admission packs.
7. Excess of Room & Board cost exceeding patient benefit entitlement if there is no co-share applied to this Guarantee Letter.

Additional Note:

Adm dx: Acute bronchiolitis

THIS GUARANTEE LETTER COVERED FOR ACUTE INFECTION AND ADMITTING DIAGNOSIS ONLY
THIS GUARANTEE LETTER NOT COVER FOR CONGENITAL CONDITION AND COMPLICATIONS

Guarantee During Admission

Initial Guarantee Amount: RM 2,500.00

Estimated Length of Stay: 3.00 days

Patient Benefit Coverage Threshold: RM4,695.00

[Final bill amount exceeding this value will be subject to detailed FGL assessment.]

This Guarantee Letter is subject to the Guarantee Upon Discharge, and AIA Bhd./AIA General Bhd./AIA Public Takaful Bhd. reserves the right not to honour payment for any admission(s) / service(s) / investigation(s) / treatment(s) rendered which are not covered under the Policy/Certificate.



Authorised representative of AIA PUBLIC Takaful Bhd. and
AIA General Berhad (790895-D)

AIA Health Services Sdn. Bhd. (388561-T)
Menara AIA, 99 Jalan Ampang
50450 Kuala Lumpur
AIA.COM.MY

T : 603-20562666
F : 603-20562691

Guarantee Upon Discharge

Actual Discharge Date:

Bill Summary #:

Hospital Invoice #:

Items	Amount	Remark
Presented bill		
Final Guarantee Amount:		

Cashless Post Discharge Follow-up Eligibility: **No**

Coverage Duration: **Days**

Note: Each visit is subjected to GL request approval prior.

Billing Remarks

Claims Benefit Excess:

Non-Payable Item:

Credit Note (Do not collect from Patient):

Amount Under Clarification (Do not collect from Patient):

Authorized by,

Health Claims Management

This is a computer-generated letter. No signature is required.