



MALAYSIA AIRLINES BERHAD

HOSPITALISATION GUARANTEE LETTER

Jr Ref : MABDIP11210012 Issued By : zikrulhakim
Issue Date : 01 Nov 2021
Hospital : AURELIUS HOSPITAL NILAI (FORMERLY KNOWN AS NILAI MEDICAL CENTRE) Admitting Diagnosis : Chest wall abscess
Admission Date : 01 Nov 2021 Admitting Doctor : Wan Jasman Bin Jamaludin
Patient Name : AMIR AKMAL BIN AB AZIZ Policy No : 2021
Patient Number : 2110220 Subsidiary Name : MALAYSIA AIRLINES BERHAD
Patient Name : NUR MIKAYLA BINTI AMIR AKMAL
Patient NRIC : 181002-10-0212
Guarantee Amount : RM2500.00
Daily Room & Board : RM200.00 (Inclusive of Meal)
Bill To : MALAYSIA AIRLINES BERHAD C/O MiCARE SDN BHD
Plan : PLAN30

This guarantee letter is valid for ONE ADMISSION ONLY.

This guarantee does not cover the following items and shall be borne by the patient:

- Excess daily Room & Board charges.
- Television, telephones, tele - services, radios or similar facilities, admission kit/pack, lodger, laundry, personal laundry, cafeteria services, extra food and beverages, ID Tag and other in eligible non medical items.
- Vitamins, supplements or any drugs not related to the treatment of the admitting diagnosis and supply of drugs exceeding the Follow Up expiry dates.
- Allergic test or any tests and investigations not related to the treatment of the admitting diagnosis.
- Admission for diseases excluded under the policy.
- Charges in connection with outpatient treatment, medical check-up or routine tests, mental illness, pregnancy related illness (such as childbirth, caesarean delivery, abortion, miscarriage, and prescriptions thereof), cosmetic surgery and congenital abnormalities.
- Any registration fees, medical record fees, outpatient dept fees or facility fees is not payable.
- Aid, braces, appliances, glasses and refractive equipment, use or acquisition of external prosthetic appliances, hearing aids implanted, dentures and prescriptions thereof.

Disclaimer Note:

Patient understands that the coverage guaranteed in this Initial Guarantee Letter will be subjected to terms and condition of the policy and MiCare Sdn Bhd reserves the right to retract coverage if subsequent information obtained does not fulfil the terms and condition of the policy. If the total bill for this admission exceeds the eligible expenses, hospital to contact MiCare Sdn Bhd immediately at 03 7839 7813 for further review. We will not accept excess charges without further reference to MiCare Sdn Bhd.

Please fax the itemized bill to following number to obtain the Payment Notice before discharging the patient:
+603-7847 4304 (24 Hours Fax Line)

Please bill and post the original itemized bill, Guarantee Letter, and Authorized Claim Form duly completed to:

MALAYSIA AIRLINES BERHAD, C/O MiCare Sdn Bhd (ASO)
NO.22, BLOCK A, JALAN ASTAKA U8/84, SEKSYEN U8 BUKIT JELUTONG, 40150 SHAH ALAM, SELANGOR.
(Attention: Claims Department)

