



FORM MM201 (Part 1)

TRANSMISSION

CRD	:		Sp/Hosp. Fax No.	:	0378399969
GL Serial No.	:	2205121309502	Other Fax No.	:	0356391212
Previous GL Serial No.	:	2205121309502	By Hand/Courier/Mail	:	
Date / Time of Issuance	:	12/05/2022 13:9:54.721	Visit Type	:	FIRST VISIT
Attention	:	RADIOLOGIST	Service Type	:	CONSULTATION
To	:	ARA DAMANSARA MEDICAL CENTRE SDN BHD	Appointment Date	:	18/05/2022

GUARANTEE LETTER ("GL")

GL Validity Period:

- i) **To be utilized until 25/05/2022**
- ii) **For one (1) Outpatient visit only.**

Name of Patient: AZIZOL BIN MOKHTAR	NRIC No.: 750414065799
Name of Employee: NAZIHA BINTI AZIDIN	Relationship: SPOUSE
Name of Employer: TELEKOM MALAYSIA BERHAD - MERGE	Program Type: TPA
PMCare Member ID: M-M-00040164-S1	Benefit Plan: T4B_Y05 GP,SP,HP(2BR)_M

1. This is to acknowledge that PMCare Sdn Bhd undertakes to make payment for Outpatient visit expenses incurred for abovenamed patient NOT EXCEEDING the following limits stated in Item No. 2.
2. The abovenamed patient is entitled to (RM) AS CHARGED
3. Diagnosis (Provisional or Primary)

HEART DISEASE, UNSPECIFIED :CT ANGIO

4. Kindly note that:
 - a. Expense entitlement is only for or directly related to medical / surgical condition referred to the Diagnosis as per above Item No. 3.
 - b. PMCare will not pay or be responsible for any expenses in excess of the above entitlement or incurred for non-entitlement as indicated above. The excess amount must be recovered by the hospital from the patient upon their discharge.
 - c. Payment of claim is subject to timely submission of complete documents, i.e. within 30 days from date of service or discharge.
 - d. Maternity Benefits coverage does not include expenses incurred for newborn beyond prenatal period.
5. Please attach the completed form **MM201 (Part I & II)** together with your invoice for payment.
6. Please note that the following non-medical items are not covered: Congenital Anomalies, Birth Control & Infertility investigation or treatment; Sexually Transmitted Disease; A.I.D.S; Cosmetic Surgery; Psychiatry Disorder; and Dental Care. For complete listing, please refer to the Working Guidelines.

Yours faithfully,



For and on behalf of
PMCare Sdn Bhd.

.....
Authorised Signatory

I, the abovenamed and/or on behalf of my dependent hereby consent to the release of medical report and/or information to PMCare Sdn Bhd and my Employer, and/or Payor for claims processing, adjudication, payment, and reporting.

.....
Name :
NRIC No. :



FORM MM201 (Part II)

GL Serial No. : 2205121309502 Visit Type : FIRST VISIT
 GL Issued To : ARA DAMANSARA MEDICAL CENTRE SD BHD Service Type : CONSULTATION
 Appointment Date : 18/05/2022

Name of Patient: AZIZOL BIN MOKHTAR	NRIC: 750414065799
Name of Employee: NAZIHA BINTI AZIDIN	Benefit Plan: T4B_Y05 GP,SP,HP(2BR)_M

THE FOLLOWING ITEMS ARE NOT COVERED UNDER THE PROGRAM

Treatment by acupuncturist, homeopath and traditional medicine practitioner	Expenses incurred during hospitalization which are of a personal nature, e.g food, telephone, extra bed.
Contraceptive treatment such as taking family planning pills, IUD, sterilization	Treatment of cosmetic nature
Infertility treatment	Abortion and venereal disease treatment
Aids for correction of eyesight and hearing	Treatment arising from intentional or self-inflicted injuries

REASON FOR REFERRAL (Based on Referral/Previous Notes)

HEART DISEASE, UNSPECIFIED :CT ANGIO

SPECIALIST CONSULTANT OR ADMISSION NOTES

Provisional Diagnosis

Final Diagnosis

ICD10 coding, if available

Since when condition deemed to have started

Major Procedure(s) - if any

Please indicate if this illness or treatment is/are

Pregnancy-related
 Infertility-related
 Congenital

Chronic
 Cosmetic
 Work-related

Psychological
 MVA-related

Follow-up necessary?

Please indicate if patient needs to be/was crossed referred?

No
 No

Yes
 Yes

If Yes, to which specialist? (Please state reasons)

N/A = Applicable FU = Follow Up FV = First Visit

Signature of Attending Specialist

Medical Facility Stamp

Note: Once stable, please refer the patient back to the referring doctor or his/her regular GP with appropriate advise.