



Authorised claims administration representative of AIA
PUBLIC Takaful Bhd. (935955-M)

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 LETTER *(Individual)*

Coverage Type: FINAL BILL SUBMISSION
GL No.: T100000263

Guarantee Details

| | | | |
|------------------------|---|------------------------------|----------------------------------|
| Issued Date: | 22/4/2022 | Hospital Name: | COLUMBIA ASIA HOSPITAL CHERAS |
| Visit ID/Reg #: | A1 | MRN #: | 187620 |
| Patient Name: | WAN ABDUL MUTHALIB BIN WAN SHAHRIMAN | Policy/Certificate #: | |
| ID #: | | Plan Name: | APM015 |
| D.O.B: | | Special Status: | |
| Gender: | Male | GL Status: | Pending Hospital Invoice |

Admission Details

| | | | |
|------------------------|---|-----------------------------|-----------|
| Admission Date: | 22/4/2022 | Est. Discharge Date: | 24/4/2022 |
| Adm. Type: | HOSPITALIZATION | | |
| Room Type: | 2 BEDDED - COLUMBIA ASIA HOSPITAL CHERAS | Room & Board: | RM120.00 |

Patient out of Pocket Expense

| | | | |
|-----------------------|---|--------------------|--|
| Co. Share (%): | % | Deductible: | |
| Notes: | | Notes: | |

Optional Benefit Details

| Benefit | Price Limit | Unit Metrix |
|---------------------|-------------|-------------|
| Intensive Care Unit | | Day |

Guarantee Treatment Details:

| Treating Doctor-Specialty |
|---|
| MANMOHAN SINGH A/L SARJIT SINGH - ORTHOPAEDIC SURGERY |

| Diagnosis (ICD-10) |
|-------------------------------|
| M50 - Cervical disc disorders |

Non-Guarantee Treatment Details:

Non-Covered Diagnosis(es)



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Non-Covered Procedure(s)

Non-Covered Doctor(s)

Guarantee Letter Coverage Notes:

This Guarantee Letter covers:

This Guarantee Letter does not cover:

Additional Note:

Final diagnosis: PID C4C5, C5C6

Guarantee During Admission

Initial Guarantee Amount: RM 2,500.00
Estimated Length of Stay: 2.00 days

Patient Benefit Coverage Threshold:

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.

Guarantee Upon Discharge

Actual Discharge Date: 23/4/2022
Bill Summary #:
Hospital Invoice #: IPC-69484

| Items | Amount | Remark |
|-------------------------|-------------|--------|
| Presented bill | RM63,571.10 | |
| Final Guarantee Amount: | RM63,571.10 | |

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

Coverage Duration: **0 Days**

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

Billing Remarks

Claims Benefit Excess:



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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.