BORANG TUNTUTAN PERIBADI
PERSONAL CLAIM FORM

1) Borang ini hendaklah diisi oleh pesakit atau orang membuat tuntutan / ibu bapa sekiranya pesakit adalah di bawah umur.
This form is to be completed by the patient or by the claimant / parent if the patient is a minor.
2) Satu borang dikhususkan untuk satu Kod Kebenaran (AC) sahaja. Untuk mendapatkan AC, sila hubungi kami di talian Careline 1 300 88 6868.
One claim form should be submitted for one Authorisation Code (AC) only. The AC can be obtained by calling our Careline 1 300 88 6868.
3) Tuntutan untuk perbelanjaan perubatan hendaklah dibuat dalam tempoh **30 hari dari tarikh rawatan diterima.**
*Claims for medical expenses should be submitted **within 30 days from the date of service.***
4) Tuntutan yang melibatkan perkara-perkara yang disenaraikan dalam senarai **PENGECUALIAN** dalam Pelan Kesihatan anda tidak akan dibayar.
*Claims for items and conditions as listed under **EXCLUSIONS** in your Medical Plan Summary are not payable.*
5) Borang ini perlu diisi dengan lengkap untuk memastikan pemprosesan yang cepat. Sebarang borang yang tidak lengkap akan dikembalikan.
Claimants are requested to complete this form to expedite the process. Any incomplete forms shall be returned to the claimant.
6) Sekiranya bil anda adalah **RM50.00 dan keatas**, sila sertakan bil terperinci termasuk ubat-ubatan yang diberikan.
*If your bill is **RM50.00 and above,** please attach the itemized bill including details of medications prescribed to you.*
7) Resit asal, bil terperinci, surat rujukan doktor atau surat temujanji (jika ada) mesti dikepilkan bersama borang ini dan dihantar ke:
Original bills, receipts and referral letter (if any) for the claims expenses must be attached with this form and send to:

PMCARE SDN BHD
BAHAGIAN TUNTUTAN
No. 1, Jalan USJ 21/10, UEP Subang Jaya, 47630 Selangor Darul Ehsan.
Tel: 03 8026 6888 Fax: 03 8026 6838

MAKLUMAT PEKERJA / *EMPLOYEE INFORMATION*

Nama pekerja:
Name of employee

No. keahlian PMCare *(PMCare membership no.)*

Nama majikan:
Name of employer

No. KP baru *(New IC no.)* - -

Alamat pejabat:
Office address

No. KP lama *(Old IC no.)*

No. telefon pejabat
(Office telephone no.)

Alamat e-mel:
E-mail address

No. telefon bimbit
(Handphone no.)

MAKLUMAT PESAKIT / *PATIENT INFORMATION*

Nama pesakit:
Name of patient

Tarikh lahir pesakit
Date of birth of patient
H H B B T T T T

Cuti sakit *(Medical leave)* Hari *(days)*

Hubungan dengan pekerja : Sendiri [ ] Suami / isteri [ ] Anak [ ]
Relation to employee: Self [ ] Spouse [ ] Child [ ]

MAKLUMAT RAWATAN / *SERVICE INFORMATION*

Tarikh rawatan
Date of consultation / service
H H B B T T T T

Masa rawatan
Time of consultation / service am / pm

Jumlah tuntutan RM - .00
Claim amount

Nama bank:
Bank name

No. resit:
Receipt no.

No. akaun bank
Bank account no.

KETERANGAN TUNTUTAN RAWATAN / *TREATMENT DETAILS*

Kod Kebenaran
Authorisation Code

Tarikh dikeluarkan
Date of issue
H H B B T T T T

Jenis rawatan
Types of service
[ ] GP [ ] SP [ ] HP [ ] Dental [ ] Others
[ ] Pre HP [ ] Post HP [ ] Prenatal [ ] Postnatal

Jenis-jenis penyakit. Sila tanda [✓]
Types of medical conditions. Please mark [✓]

- [ ] Demam *(fever)*
- [ ] Batuk / selsema / sakit tekak *(cough / cold / sore throat)*
- [ ] Lelah *(asthma)*
- [ ] Kencing manis *(diabetes)*
- [ ] Masalah kehamilan *(obstetric problems / pregnancy)*
- [ ] Jangkitan telinga *(ear infection)*
- [ ] Jangkitan mata *(eye infection)*
- [ ] Lain-lain (nyatakan) *others (please specify)*
- [ ] Sakit belakang / sendi *(backache / joint pain)*
- [ ] Cirit birit / sakit perut / muntah *(diarrhorrhea / colic / vomit)*
- [ ] Sakit kepala / pening *(headache / dizziness)*
- [ ] Gastrik / sakit perut *(gastritis / peptic ulcer)*
- [ ] Kecederaan / luka *(bruises / scalds / cuts)*
- [ ] Masalah sakit puan *(gynaecology problems)*
- [ ] Darah tinggi *(hypertension)*

Sebab mendapat rawatan di klinik bukan panel / tidak menggunakan Surat Jaminan Perubatan untuk kemasukan wad
Reason for seeking treatment at non-panel clinic / without GL for Inpatient treatment
Sila tanda [✓] / *please mark [✓]*

- [ ] Kecemasan *(emergency / urgent care)*
- [ ] Tiada klinik panel yang berdekatan *(panel clinic not within the vicinity)*
- [ ] Sila nyatakan jika lain-lain sebab *(Please explain for other reasons)*

Untuk kegunaan PMCare sahaja *(for PMCare use only)*
No. tuntutan *(Claim no.):*
Catatan *(Remarks):*

KEBENARAN DARI YANG MEMBUAT TUNTUTAN ATAU PESAKIT / *CLAIMANT'S OR PATIENT'S CONSENT*

Saya bersetuju memberi segala maklumat yang diperlukan untuk memproses tuntutan ini. Salinan kebenaran ini dikira sah sepertimana salinan asal.
I hereby consent to the release of relevant information for the processing of this claim. A copy of this authorisation shall be considered as effective and valid as the original.

Tarikh *(date)*

Tandatangan pesakit / yang menuntut *(signature of patient / claimant)*