Claims Attendance Log - Separate Sheet by Company		HEALTH CONNECT	**Clinic Information**	
Company/ Client Name		**Health Connect Sdn Bhd (599302-D)**	Clinic Code	
Submission Period	From To	F-G-6,Block-F,Pusat Komersial Parklane,No.21,Jalan SS7/26, Kelana Jaya, 47301 Petaling Jaya, Selangor	Clinic Name	
Email-Id	gphct@medix.com.my	Tel:03-7884 1919 Fax:03-7809 9333	Contact Person	
			Contact Number	

S. No	VISIT DATE	MEMBERSHIP NO	PATIENT NAME	IC No	ACTUAL AMOUNT	LESS MEMBER PAY	TOTAL AMOUNT	MC	PATIENT SIGNATURE	CLAIM NUMBER (EA)
1										
				GRAND TOTALS						

NOTICE TO PATIENT: By signing this Claims Attendance Log, you are hereby giving your consent for your medical record to be released to Health Connect Sdn Bhd and other relevant parties in order to process your claim.

NOTICE TO CLINIC: After register claim online, kindly submit your invoice together with Claims Attendance Log to Health Connect for verification before, 5th of every month and please ensure that separate billing / invoice for different clients.

DOCTOR'S SIGNATURE & STAMP