HEALTH CONNECT
An affiliate of MediExpress

Health Connect Sdn Bhd (599302-D)
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Tel: 03-788 41919 Fax: 03-7809 9333

Name _____

Mem No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ]

IC No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Client Code	
Visit Date	
Visit Time	
MC Days	

Diagnosis

- ☐ 101 URTI/Sore Throat
- ☐ 102 Cough/Cold
- ☐ 103 Bronchitis
- ☐ 104 Gastritis
- ☐ 105 Gastroenteritis
- ☐ 106 Fever
- ☐ 107 Vomiting
- ☐ 108 Headache/Migraine
- ☐ 109 Dermatitis/Skin Disorder
- ☐ 110 Eye Infection
- ☐ 111 Ear Infection
- ☐ 112 Backache/Bodyache
- ☐ 113 Burns & Scalds
- ☐ 114 Injury & Cuts
- ☐ 115 Gynaecological disorder
- ☐ 199 _____
- ☐ 201 Hypertension
- ☐ 202 Diabetes
- ☐ 203 Asthma
- ☐ 204 Arthritis/Joint pain
- ☐ 205 IHD/CAD
- ☐ 206 Gout
- ☐ 207 Thyroid Disorder
- ☐ 208 Immunisation
- ☐ 209 HRT
- ☐ 210 Pregnancy/Obstetric
- ☐ 211 Antenatal/Postnatal
- ☐ 212 Abortion/Miscarriage
- ☐ 213 Infertility
- ☐ 214 Contraception
- ☐ 215 Genitourinary Disorder
- ☐ 299 _____

Medication and Injection	Days	Qty

Charges	Amount
Consultation Fee	
Medication	
Injection	
LT Medication	
Procedures	
X-ray / MRI	
Ultra Sound	
ECG	
Dressing	
Nebulizer	
I&D / T&S	
STO	
Minor Surgery	
Others _____	
Laboratory	
Blood Drawing	
Blood Glucose	
Urine	
Pap Smear	
Others _____	
Immunization	
DTP and Polio	
DTP - Polio - HiB	
Hepatitis B	
MMR	
Others _____	
Before Co-payment	
Less Member pays	
Amount claimed	

I hereby authorise my medical record to be released to my Insurer, Health Connect Sdn Bhd and other parties in order to process this claim.

_____
Signature of Patient or Guardian

_____
Doctor's Signature and Stamp

December 2011